

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

All medical, insurance, administrative records provided were reviewed.

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and shoulder pain reportedly associated with industrial injury of April 12, 2012.

Thus far, the applicant has been treated with the following: Analgesic medications, attorney representation; and extensive periods of time off of work, on total temporary disability.

In a Utilization Review report of August 12, 2013, the claims administrator denied the request for physical therapy, citing the lack of supporting documentation. The applicant's attorney later appealed, on September 7, 2013.

An earlier note of June 4, 2013 is handwritten, not entirely legible, notable for ongoing complaints of neck and shoulder pain with 4/5 strength and diminished range of motion about the neck and shoulder appreciated. The applicant is asked to continue physical therapy. The applicant acknowledges that she is off of work and last worked on July 3, 2012. The applicant notes that she has had 14 sessions of previous physical therapy on a patient questionnaire/intake form.

IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

1. 12 sessions of physical therapy for the neck and shoulder is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Chapter, Online Version, page 98-99, Physical Medicine, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Functional Restoration Approach to Chronic Pain Management, page 8 and the Physical Medicine Guidelines, page 99, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The applicant, per her own self report, has had at least 14 sessions of physical therapy over the life of the claim, seemingly in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and/or myositis of various body parts. The guidelines further endorse tapering or fading the frequency of physical therapy over time and gradual transition toward self-directed home physical medicine. In this case, no compelling narrative was attached to the request for authorization so as to try and offset the MTUS recommendation. There is no compelling case made for physical therapy in the 12-session course proposed by the attending provider. It is further noted that the applicant does not appear to have clearly demonstrated functional improvement following completion of the 14 prior sessions of physical therapy. The fact that the applicant remains off of work, on total temporary disability, and continues to use multiple analgesic medications implies a lack of functional improvement as defined in section 9792.20f. There is, consequently, no evidence of functional improvement which would justify additional treatment further in excess of the MTUS-endorsed course. Therefore, the original Utilization Review decision is upheld. The request remains non-certified, on Independent Medical Review.

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