

Case Number:	CM13-0013321		
Date Assigned:	04/23/2014	Date of Injury:	03/15/2011
Decision Date:	09/05/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	08/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

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

The applicant is a [REDACTED] employee who has filed a claim for chronic bilateral upper extremity pain reportedly associated with an industrial injury of March 15, 2011. The applicant has been treated with the following, analgesic medications, attorney representations, transfer of care to and from various providers in various specialties, unspecified amounts of physical therapy, earlier shoulder decompressive surgery, and work restrictions. In an August 12, 2013 utilization review report, the claims administrator partially certified a request for six sessions of pain psychology visits as four sessions of the same, denied a request for physical therapy and the request for a follow-up with an orthopedic surgeon regarding potential upper extremity release surgery. The claims administrator noted that the applicant had initially alleged development of multifocal pain secondary to cumulative trauma at work. The claims administrator seemingly denied the request for six sessions of physical therapy for the lumbar spine because the applicant's new allegation of low back pain had not been accepted as compensable by the claims administrator. The applicant's attorney subsequently appealed in a July 30, 2013 progress note, the applicant did present with multifocal complaints, including issues associated with shoulder pain, elbow pain, and depression. The applicant was using Colace, Motrin, Norco, Lunesta, Lidoderm, Tylenol with Codeine, and Voltaren gel. The applicant was given a rather proscriptive 10-pound lifting limitation. It was unclear whether the applicant was working with said limitation in place. The attending provider stated that the applicant had developed a new symptom of low back pain, which the attending provider contended was the result of compensating for other injured body parts. The attending provider posted that the applicant's established diagnoses were shoulder impingement

syndrome, myofascial pain syndrome, elbow pain, and chronic pain syndrome with both sleep and mood disorder. The attending provider seemingly stated that the request for physical therapy for the lumbar spine was a first-time request. The claimant was asked to follow up with his upper extremity surgeon as a precursor to pursuit of elbow lateral epicondylar release surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain psychology visits, quantity 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines-Cognitive Behavioral Therapy Guidelines for Chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

Decision rationale: This was seemingly ordered as a first-time request for psychotherapy. However, as noted on page 23 of the MTUS Chronic Pain Medical Treatment Guidelines, an initial trial of three to four weeks of psychotherapy or pain psychology is recommended for selectively identified chronic pain patients. The six-session course of treatment proposed by the attending provider is in excess of the MTUS parameters therefore, this request is not medically necessary.

Follow up consultation with Ortho, regarding upper extremity release surgery.: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 5, page 92, a referral may be appropriate if a practitioner is uncomfortable with a line of inquiry or with treating a particular cause of delayed recovery. In this case, the applicant's primary treating provider has suggested that the applicant is considering an elbow lateral epicondylar release. Obtaining a follow-up visit with the provider whose intent on performing that epicondylar release procedure is indicated therefore, the request is medically necessary.