

Case Number:	CM14-0013045		
Date Assigned:	02/24/2014	Date of Injury:	02/06/2012
Decision Date:	06/26/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	02/01/2014

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 has filed a claim for chronic elbow pain reportedly associated with an industrial injury of February 6, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; functional capacity testing; an elbow brace; transfer of care to and from various providers in various specialties; a shoulder corticosteroid injection; MRI imaging of the shoulder of August 13, 2013, notable for supraspinatus tendinosis; unspecified amounts of physical therapy over the life of the claim, including eight sessions of treatment, per the claims administrator. In a Utilization Review Report dated January 8, 2014, the claims administrator denied a request for eight sessions of physical therapy for the elbow, citing non-MTUS ODG Guidelines, although both the MTUS Chronic Pain Medical Treatment Guidelines and the MTUS-adopted ACOEM Guidelines addressed the issue at hand. The applicant's attorney subsequently appealed. On July 25, 2013, the applicant presented with persistent elbow and shoulder pain. Authorization was sought for an elbow brace. On August 21, 2013, the applicant was asked to continue modified duty work. The applicant had tenderness and pain about the shoulder and elbow. The applicant underwent a shoulder corticosteroid injection and had issues with de Quervain's tenosynovitis, it is stated. The applicant was asked to continue both wrist and elbow supports. The remainder of the file was surveyed. There was no physical therapy notes provided, although the attending provider did write on August 21, 2013 that the applicant had not had any significant interval improvement with prior physical therapy. On handwritten request for authorization forms dated December 20, 2013 and January 20, 2014, additional physical therapy was sought. It was stated that the applicant's work restrictions were unchanged.

IMR ISSUES, DECISIONS AND RATIONALES

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

OCCUPATIONAL THERAPY TWO (2) TIMES FOUR (4) TO RIGHT ELBOW: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbows Disorders Chapter, Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement and Physical Medicine Page(s): 8, 99.

Decision rationale: No, the request for eight additional sessions of occupational therapy is not medically necessary, medically appropriate, or indicated here. As noted on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines, there must be interval demonstration of functional improvement at various milestones in the treatment program to justify continued treatment. In this case, the applicant has had eight earlier sessions of physical therapy over the life of the claim, per the claims administrator, seemingly consistent with the 9- to 10-session course of treatment on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the issue present here. There does not appear to be any clear demonstration of functional improvement, either subjectively, objectively, or functionally. The applicant's work status and work restrictions are seemingly unchanged from visit to visit. The applicant's pain complaints have not been appreciably ameliorated as a result of ongoing occupational therapy. Therefore, the request is not medically necessary owing to a lack of functional improvement with earlier treatment as defined in MTUS.