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| Case Number: | CM14-0129646 | | |
| Date Assigned: | 08/20/2014 | Date of Injury: | 05/14/2012 |
| Decision Date: | 09/24/2014 | UR Denial Date: | 08/06/2014 |
| Priority: | Standard | Application Received: | 08/14/2014 |

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:

There were 45 pages for review. There was a denial from August 6, 2014. It was for physical therapy two times a week for five weeks to the cervical. Per the records provided, the patient was injured May 14, 2012. The claimant continues to complain of mild pain and numbness to the left hand and wrist and bilateral elbow. Due to the previous acupuncture there is no longer pain in the left arm except with extension. On physical exam there is mild tenderness to palpation over both superior trapezius. There is light touch that is intact except for the left ulnar distribution of the upper extremities. The patient is described as a 55-year-old female injured on May 14, 2012. The only record provided for review was a follow-up note from July 22, 2014. There was pain in the left hand and wrist. The pain was two out of 10. There were no complaints noted regarding the patient cervical spine. Physical exam showed full cervical spine range of motion. The body parts to be treated with the therapy were not mentioned. The records attest that it is for the elbow but there is also mention of the cervical spine in different record locations. The application for independent medical review was signed on August 15, 2014. There was a note from April 24, 2014 regarding that the patient is permanent and stationary. The diagnosis was lateral epicondylitis. There was constant right elbow pain. There was gross tenderness over the bilateral lateral epicondyles.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x wk x 5 weeks cervical QTY: 10: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Neck Chapter; Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98.

Decision rationale: The MTUS does permit physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. And, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. Also, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: 1. Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient...Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. 2. A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self actualization. This request is not medically necessary.