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| Case Number: | CM14-0187409 | | |
| Date Assigned: | 11/13/2014 | Date of Injury: | 04/01/2013 |
| Decision Date: | 12/30/2014 | UR Denial Date: | 10/31/2014 |
| Priority: | Standard | Application Received: | 10/31/2014 |

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 is a represented [REDACTED] employee who has filed a claim for shoulder, elbow, and wrist pain reportedly associated with an industrial injury of April 1, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the course of the claim; opioid therapy; and extensive periods of time off of work. In an October 29, 2014 Utilization Review Report, the claims administrator denied a request for eight sessions of physical therapy for the shoulder and elbow and also concurrently denied a 'hand therapy evaluation and treatment.' The applicant's attorney subsequently appealed. In a progress note dated September 24, 2014, the applicant reported ongoing complaints of shoulder, elbow, wrist, and hand pain. The applicant reported that she had injured her knee while chasing a thief who had stolen her phone. The applicant was reportedly using Norco and Motrin for pain relief. Persistent complaints of wrist, elbow, and forearm pain, exacerbated by lifting, carrying, pushing, and pulling were appreciated. The applicant was currently unemployed and not working. The applicant was still smoking, it was further noted. Additional occupational therapy and physical therapy were sought. An extremely proscriptive 2-pound lifting limitation was endorsed. In a later progress note dated November 11, 2014, the same, unchanged, extremely proscriptive 2-pound lifting limitation was endorsed, effectively resulting in the applicant's removal from the workplace. Additional hand therapy and physical therapy were again appealed. Trial acupuncture was endorsed. The applicant was not working, it was reiterated. The applicant was still using Norco and Motrin for pain relief and was still smoking, it was noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand therapy treatment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management section Page(s): 8.

Decision rationale: The MTUS Guideline in ACOEM Chapter 3, page 48 stipulates that it is incumbent upon a prescribing provider to furnish a prescription for physical therapy which "clearly states treatment goals." Here, however, the request for 'hand therapy treatment' in unspecified amounts, quantity, and duration is inherently ambiguous and does not clearly specify or clearly state treatment goals. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that there must be some demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant is off of work. A rather proscriptive 2-pound lifting limitation remains in place. The applicant is having difficulty performing activities of daily living as basic as lifting, carrying, pushing, pulling, it was stated above. The applicant remains dependent on opioid agents such as Norco. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite unspecified amounts of hand therapy treatment over the course of the claim. Therefore, the request for additional hand therapy is not medically necessary.

Physical therapy for the right shoulder and elbow, twice weekly for four weeks:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management section. Page(s): 8.

Decision rationale: While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 9-10 sessions of treatment for myalgias and myositis of various body parts, the issue reportedly present here, this recommendation, however, is qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant is off of work. A rather proscriptive 2-pound lifting limitation remains in place. The applicant remains dependent on opioid agents such as Norco. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite unspecified amounts of physical therapy treatment over the course of the claim. Therefore, the request for additional physical therapy is not medically necessary.

