

Case Number:	CM14-0022923		
Date Assigned:	05/12/2014	Date of Injury:	06/08/2010
Decision Date:	07/10/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/24/2014

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 chronic bilateral elbow pain reportedly associated with an industrial injury of June 8, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; earlier cubital tunnel release surgery; earlier carpal tunnel release surgery; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated February 13, 2014, the claims administrator denied a request for unknown sessions of physical therapy to the bilateral elbows, citing illegible documentation on the part of the attending provider. Despite the fact that the MTUS addressed the topic, the claims administrator cited a variety of non-MTUS ODG Guidelines in its denial. The applicant's attorney subsequently appealed. In a handwritten progress note dated February 5, 2014, physical therapy was apparently sought. The note was in fact difficult to follow, sparse, and not entirely legible. The applicant was apparently permanent and stationary and not working. A December 30, 2013 note was also notable for comments that the applicant was not working. The applicant stated that earlier surgeries were only partially successful. Permanent work restrictions and Flector patches were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

UNKNOWN SESSIONS OF PHYSICAL THERAPY VISITS FOR THE BILATERAL ELBOWS: Upheld

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

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 48, it is incumbent upon the attending provider to furnish a prescription for physical therapy which clearly states treatment goals and provide a specific description of the diagnosis and/or lesions causing an applicant's complaints. In this case, however, the documentation was, as previously noted, sparse, handwritten, difficult to follow, not entirely legible. It is not clearly stated how much prior therapy the applicant had had over the life of the claim, what the response was, and/or why additional treatment was being sought at this late date, several months removed from the date of injury. As further noted on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines, demonstration of functional improvement is needed at various milestones in the treatment program so as to justify continued treatment. In this case, however, there has been no such clear demonstration of functional improvement. The applicant is off of work of work. The applicant has remained symptomatic and remains reliant on medications including Flector patches. All of the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f despite completion of earlier unspecified amounts of physical therapy over the life of the claim. Therefore, the request for additional physical therapy in unknown amounts is not medically necessary.