

Case Number:	CM14-0024256		
Date Assigned:	06/25/2014	Date of Injury:	05/01/2013
Decision Date:	07/29/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	02/26/2014

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 ulnar neuropathy reportedly associated with an industrial injury of May 1, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; a left thumb corticosteroid injection; a right elbow lateral epicondylar steroid injection on January 29, 2014; left and right carpal tunnel release surgeries; and 8 to 12 sessions of postoperative therapy for the hand, per the claims administrator. In a Utilization Review Report dated February 21, 2014, the claims administrator apparently denied a request for 12 sessions of postoperative therapy to the right elbow outright. Portions of the note were truncated. The guidelines used to make decision were not apparently provided. In a March 12, 2014 progress note, the applicant was given a primary diagnosis of right elbow ulnar neuropathy. Little or no narrative commentary was provided. The applicant had work restrictions in place. It was unclear the applicant was working with said limitations in place. The notes provided, overall, were quite sparse. Some of the notes provided were skeletons and did not contain complete narrative commentary.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions of post-operative physical therapy to the right elbow, two times per week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48,Chronic Pain Treatment Guidelines Physical Medicine topic. Page(s): 99.

Decision rationale: Based on the limited information available for review, there is no compelling evidence on file which establishes the applicant's having undergone earlier elbow surgery. The MTUS Chronic Pain Medical Treatment Guidelines are therefore applicable. A 12-session course of treatment proposed here, in and of itself, represents treatment in excess of the 9- to 10-session course recommended on page 99 of the Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the issue present here. In this case, no narrative commentary was attached to the request for authorization or application for Independent Medical Review so as to support treatment in excess of MTUS parameters. The MTUS-adopted ACOEM Guidelines in Chapter 3, page 48 further note that it is incumbent upon an attending provider to furnish a clear prescription for physical therapy which clearly states treatment goals. In this case, however, no such prescription has been provided. No completed progress note was attached to the request for authorization. It is not clear why treatment is being sought here. It has not been established that the applicant in fact had earlier elbow surgery. Accordingly, the request is not medically necessary, for all of the stated reasons.