

Case Number:	CM14-0190668		
Date Assigned:	11/24/2014	Date of Injury:	10/13/2003
Decision Date:	01/12/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/14/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for hand and wrist pain reportedly associated with an industrial injury of October 13, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated October 15, 2014, the claims administrator failed to approve a request for six sessions of physical therapy for the left hand and also denied a prospective request for a gym membership. The claims administrator stated that its decision was based on progress notes of October 1, 2014 and August 7, 2014. The applicant's attorney subsequently appealed. In a progress note dated October 1, 2014, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of neck pain, alleged thoracic outlet syndrome, shoulder pain, wrist pain, and mood disturbance. Highly variable 5-9/10 pain was reported. The applicant was status post a scalene block procedure, a carpal tunnel release procedure, and earlier left shoulder surgery. The applicant was using Motrin and Norco. Six additional sessions of hand therapy were sought while the applicant was kept off of work, on total temporary disability. A gym membership was also recommended. The applicant was reportedly bike riding approximately five to ten miles a week, it was stated in another section of the report. In an earlier progress note dated August 6, 2014, the applicant was again placed off of work, on total temporary disability, while six sessions of hand therapy and a gym membership were sought. The note was highly templated and essentially identical to the later report of October 1, 2014. The attending provider noted that the applicant was using Vicodin and Motrin for pain relief. The applicant was again described as riding a bike approximately five to ten miles a week.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the left hand x 6 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic , Functional Restoration Approach to Chronic Pain Management section, Pa.

Decision rationale: While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse a general course of 8 to 10 sessions of treatment for neuralgia and neuritis of various body parts, the diagnosis seemingly 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, on total temporary disability. The applicant remains dependent on various medications, including opioids such as Vicodin and NSAIDs such as Motrin. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite earlier physical therapy in unspecified amounts over the course of the claim. Therefore, the request for additional physical therapy is not medically necessary.

Gym membership: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83, Chronic Pain Treatment Guidelines Physical Medicine topic Page(s): 98.

Decision rationale: As noted on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants are expected to continue active therapies at home as an extension of the treatment process. By implication, thus, page 98 of the MTUS Chronic Pain Medical Treatment Guidelines takes the position that maintaining exercise regimen is a matter of applicant responsibility as opposed to a matter of payer responsibility. This position is echoed by the MTUS Guideline in ACOEM Chapter 5, page 83, which likewise states that, to achieve functional recovery, that applicants must assume certain responsibilities, one of which includes adhering to and maintaining exercise regimens. ACOEM, thus, like the MTUS Chronic Pain Medical Treatment Guidelines, is of the opinion that adhering to and maintaining exercise regimens is a matter of applicant responsibility as opposed to a matter of payer responsibility. In this case, it appears that the applicant has already transitioned to self-directed home physical medicine as the requesting provider wrote on office visits of August 6, 2014 and October 1, 2014 that the applicant was independently performing home exercises, including biking 5 to 10 miles a

week, effectively obviating the need for the proposed gym membership. Therefore, the request is not medically necessary.