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| Case Number: | CM14-0200257 | | |
| Date Assigned: | 12/10/2014 | Date of Injury: | 10/18/2006 |
| Decision Date: | 01/28/2015 | UR Denial Date: | 11/11/2014 |
| Priority: | Standard | Application Received: | 12/01/2014 |

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 neck pain, shoulder pain, thumb pain, and reported brachial plexopathy reportedly associated with an industrial injury of October 18, 2006. In a Utilization Review Report dated November 11, 2014, the claims administrator denied a request for 18 sessions of physical therapy. The claims administrator did allude to the applicant's having had a carpal tunnel release surgery on October 18, 2007 and also having had an elbow epicondylar release surgery at an unspecified point in time. The applicant had residual issues with shoulder impingement syndrome and thoracic outlet syndrome, the claims administrator suggested. The claims administrator referenced the MTUS Chronic Pain Medical Treatment Guidelines and an October 20, 2014 progress note in its denial. The claims administrator suggested that the applicant had completed at least 18 sessions of prior physical therapy. The applicant's attorney subsequently appealed. On April 14, 2014, the applicant was placed off work, on total temporary disability. The applicant was pending a shoulder arthroscopy on April 28, 2014, it was suggested. The applicant's carpal tunnel release surgery and elbow epicondylar release surgery had reportedly transpired on October 18, 2007. The applicant had received thumb corticosteroid injections and shoulder corticosteroid injections; it was stated on several occasions. On October 14, 2013, the applicant reported multifocal complaints of wrist, elbow, low back and shoulder pain with derivative complaints of anxiety, depression and insomnia. The remainder of the file, including the claims administrator's medical index log dated December 18, 2014, was surveyed. The most recent progress note on file was, in fact, the April 14, 2014 progress note. The October 20, 2014 progress note, referenced by the claims administrator in its denial was not incorporated into the independent medical review packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 Additional physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy (PT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management, Physical Medicine Page(s): 8, 99.

Decision rationale: The 18-session course of treatment proposed, in and of itself, represents treatment in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the diagnosis reportedly present here. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, the admittedly dated information on file suggested that the applicant is off of work, on total temporary disability, suggesting a lack of functional improvement as defined in MTUS 9792.20f, despite completion of at least 18 prior sessions of physical therapy, per the claims administrator, in 2014 alone. While it is acknowledged that the October 20, 2014 progress note on which the article in question was sought was seemingly not incorporated into the independent medical review packet, the information which is on file, however, fails to support or substantiate the request. Therefore, the request is not medically necessary.