MAXIMUS Federal Services

Case Number:	CM14-0201608		
Date Assigned:	12/12/2014	Date of Injury:	04/06/2013
Decision Date:	01/30/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/02/2014

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 elbow pain reportedly associated with an industrial injury of April 6, 2013.In a Utilization Review Report dated November 13, 2014, the claims administrator denied a request for eight sessions of physical therapy for the elbow. An October 27, 2014 progress note was referenced. The applicant also had superimposed issues with knee pain. The claims administrator contended that the applicant had completed unspecified amounts of physical therapy in 2013 and 2014, the results of which were not clearly reported. The applicant's attorney subsequently appealed. On October 27, 2014, the applicant reported multifocal complaints of bilateral knee pain, arm pain, spine pain, and foot pain. The applicant was a candidate for a left knee arthroscopy. The applicant exhibited tenderness about the medial epicondylar region. The applicant had had earlier elbow MRI imaging of September 9, 2014 notable for chronic thickening of the ulnar collateral ligament. Popping and locking were appreciated about the elbow. The applicant was given diagnoses which included plantar fasciitis, swelling about the right knee, chronic bilateral knee pain, chronic neck pain, chronic mid back pain, and chronic low back pain. The applicant was placed off of work, on total temporary disability until November 2, 2014 and subsequently asked to return to regular work effective November 3, 2014. Motrin 800 mg and physical therapy were endorsed for the elbow. In an earlier note dated August 4, 2014, the applicant was placed off of work, on total temporary disability, again owing to multifocal pain complaints. On September 3, 2014, eight sessions of physical therapy for the feet were sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 physical therapy visits for the right elbow: 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; Functional Restoration Approach to Chronic Pain Management Page(s): 99; 8. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 3, page 48, Physical Methods

Decision rationale: While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse a general course of 9-10 sessions of treatment for myalgias and myositis of various body parts, the diagnosis 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 and by commentary made in ACOEM Chapter 3, page 48 to the effect that an attending provider should furnish a prescription for physical therapy which "clearly states treatment goals." Here, however, the applicant is off of work, on total temporary disability, suggesting a lack of functional improvement as defined in MTUS 9792.20f, despite earlier unspecified amounts of physical therapy over the course of the claim. The attending provider has not clearly outlined how much prior physical therapy has transpired involving the injured elbow. The applicant's response to earlier treatment, by all accounts, appears to have been poor. No clear goals for further physical therapy, going forward, have been furnished. Therefore, the request is not medically necessary.