

Case Number:	CM14-0077392		
Date Assigned:	07/18/2014	Date of Injury:	12/01/2012
Decision Date:	02/17/2015	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/27/2014

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 bilateral wrist, elbow, and forearm pain reportedly associated with an industrial injury of December 5, 2012. In a utilization review report dated May 7, 2014, the claims administrator failed to approve a request for 12 sessions of physical therapy to the bilateral upper extremities. The claims administrator referenced a progress note of February 28, 2014 in its determination, along with a variety of MTUS and non-MTUS guidelines. The applicant's attorney subsequently appealed. On December 12, 2013, the applicant reported ongoing issues with bilateral elbow tendinitis. The applicant was status post right carpal tunnel release surgery and had residual issues with left carpal tunnel syndrome. Eight sessions of physical therapy to the wrist, tramadol, and a topical compounded medication were prescribed while the applicant was kept off work, on total temporary disability. On January 27, 2014, 12 additional sessions of physical therapy were endorsed for elbow epicondylitis, along with a final functional capacity evaluation, a topical compounded medication, and tramadol. The applicant was, once again, kept off work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy two (2) times a week for six (6) weeks to the Bilateral Upper Extremities:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Carpal Tunnel Syndrome; Physical Medicine Treatment, Official Disability Guidelines (ODG): Elbow; Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Topic.Functional Restoration Approach to Chronic Pain Management Section.M.

Decision rationale: The 12-session course of therapy 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. This recommendation, it is further noted, is further 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 had remained off work, on total temporary disability, despite completion of extensive prior physical therapy over the course of the claim and, furthermore, remained dependent on a variety of opioid medications and topical compounds. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20(f), despite completion of extensive prior physical therapy. Therefore, the request for additional physical therapy is not medically necessary.