

Case Number:	CM15-0138440		
Date Assigned:	07/28/2015	Date of Injury:	05/08/2012
Decision Date:	08/27/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/16/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 64-year-old who has filed a claim for chronic hand and wrist pain reportedly associated with an industrial injury of May 8, 2012. In a utilization review report dated June 26, 2013, the claims administrator approved a request for elbow MRI imaging while denying a request for physical therapy. A June 19, 2015 office visit and an associated RFA form of the same date were referenced to the determination. The applicant's attorney subsequently appealed. In a handwritten progress note dated March 27, 2015, difficult to follow, not entirely legible, the applicant reported ongoing complaints of bilateral elbow and bilateral wrist pain. The applicant was not working, it was acknowledged. Large portions of the note were difficult to follow and not altogether legible. On May 8, 2015, it was again acknowledged that the applicant was not working owing to ongoing complaints of bilateral hand and wrist pain. In one section of the note, the applicant was to remain off of work, on total temporary disability. In another section of the note, the applicant was given an extremely proscriptive 5-pound lifting limitation. The treating provider acknowledged, through preprinted check boxes, that modified work was not available. Voltaren Gel was endorsed. Physical therapy was ordered. The applicant was asked to continue home exercises. Little-to-no narrative commentary was attached.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 per week for 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine;Functional Restoration Approach to Chronic Pain Management Page(s): 98-99; 8.

Decision rationale: No, the request for eight sessions of physical therapy was not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 9 to 10 sessions of treatment for myalgias and myositis of various body parts, here, however, it was not clearly stated how much prior physical therapy the applicant had had. This recommendation is, furthermore, qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continuous treatment and by commentary made on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that applicants are expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Here, the attending provider stated on May 8, 2015 that the applicant could in fact continue home exercises. It was not clearly stated why further formal physical therapy was being sought if the applicant had already transitioned to self-directed, home-based physical medicine. It did not appear, furthermore, the applicant was deriving ongoing functional improvement in terms of parameters established in MTUS 9792.20(e) with ongoing physical therapy. The applicant had failed to return to work, it was acknowledged on May 8, 2015. The applicant remained dependent on Voltaren Gel. A rather proscriptive 5-pound lifting limitation was imposed on that date. All of the foregoing, taken together, strongly suggested that the applicant had plateaued in terms of functional improvement parameters established in MTUS 9792.20(e) with earlier unspecified amounts of physical therapy. It did not appear that further improvement was possible. Clear goals for further therapy were not articulated via the handwritten May 8, 2015 progress note. Therefore, the request is not medically necessary.