

Case Number:	CM15-0139104		
Date Assigned:	07/29/2015	Date of Injury:	01/14/2003
Decision Date:	09/02/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/17/2015

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 51-year-old who has filed a claim for chronic neck, wrist, and shoulder pain reportedly associated with an industrial injury of January 14, 2013. In a Utilization Review report dated June 26, 2015, the claims administrator failed to approve a request for eight sessions of physical therapy for the bilateral wrists. The claims administrator referenced a May 19, 2015 progress note and an associated RFA form of the same date in its determination. The claims administrator contended that the applicant had had a prolonged course of physical therapy which had reportedly included an undocumented number of previous sessions. The claims administrator referenced an RFA form and an associated progress note of May 19, 2015 in its determination. The applicant's attorney subsequently appealed. On June 24, 2015, the applicant reported multifocal complaints of neck, low back, shoulder, and elbow pain. The applicant had undergone earlier shoulder subacromial decompression surgery as well as left and right carpal tunnel release surgeries, it was reported. The applicant was attending physical therapy and using Norco, it was reported. Permanent work restrictions and Norco were renewed. It was not clearly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case. The applicant was also apparently considering cervical spine surgery, it was suggested. On May 19, 2015, the applicant reported worsening complaints of neck and arm pain. The applicant was having difficulty sleeping. 6-8/10 pain complaints were reported. Urine drug testing, cervical MRI imaging, acupuncture, physical therapy, and Norco were endorsed while the applicant's permanent work restrictions were renewed. It was not

clearly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for bilateral wrists, quantity: 8 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; Functional Restoration Approach to Chronic Pain Management Page(s): 99; 8.

Decision rationale: No, the request for eight sessions of physical therapy for the bilateral wrists 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 physical therapy for myalgias and myositis of various body parts, the diagnoses reportedly present here, this recommendation is, however, 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 continued treatment. Here, however, permanent work restrictions were renewed, unchanged, from visit to visit, it was acknowledged on progress notes of May 19, 2015 and June 24, 2015, referenced above. The applicant remained dependent on opioid agents such as Norco as well as other forms of medical treatment to include acupuncture. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier unspecified amounts of physical therapy over the course of the claim. It did not appear, in short, that the applicant had profited substantially from earlier physical therapy, nor did it appear likely that the applicant would stand to gain from further therapy, going forward. Therefore, the request was not medically necessary.