

Case Number:	CM15-0168258		
Date Assigned:	09/08/2015	Date of Injury:	05/04/2015
Decision Date:	10/14/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/26/2015

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 [REDACTED] employee who has filed a claim for elbow, forearm, and neck pain with associated headaches reportedly associated with an industrial injury of May 4, 2015. In a Utilization Review report dated August 11, 2015, the claims administrator failed to approve request for a home interferential unit-electrical muscle stimulator trial, partially approved a request for 12 sessions of physical therapy as 10 sessions of the same, and approved electrodiagnostic testing of the bilateral upper extremities. The claims administrator referenced an RFA form and an associated progress note of July 20, 2015 in its determination. The applicant's attorney subsequently appealed. On a Doctor's First Report (DFR) dated July 20, 2015, the applicant presented to her current primary treating provider (PTP) for the first time, alleging multifocal complaints of upper extremity paresthesias, neck pain, headaches, shoulder pain, forearm pain, elbow pain, and hand pain reportedly attributed to cumulative trauma at work over the preceding 5 years of employment. Twelve sessions of physical therapy, a home interferential stimulator-EMS device, electrodiagnostic testing of the bilateral upper extremities, and a rather proscriptive 10-pound lifting limitation were endorsed. It was not clearly stated whether the applicant was or was not working with said limitations in place. The attending provider stated that the applicant had received treatment through another provider on one occasion, including an instructive session on how to perform home exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, twice weekly for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Lateral Epicondylalgia.

Decision rationale: No, the request for 12 sessions of physical therapy twice weekly was not medically necessary, medically appropriate, or indicated here. Two of the applicant's primary pain generators here were the left and right elbows. The MTUS Guideline in ACOEM Chapter 10, page 26 qualifies its position by noting that program progression and functional improvement must be documented to justify treatment at the upper end of the ACOEM-endorsed range and further notes that if a particular treatment is going to benefit a particular applicant that the beneficial effects should be evident within 2-3 visits. Here, thus, the request for an initial course of 12 sessions of physical therapy, thus, as written, was at odds with the MTUS Guideline in ACOEM Chapter 10, page 26. Therefore, the request was not medically necessary.

Home interferential/electrical muscle stimulation unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Low Back Complaints 2004, Section(s): Physical Methods.

Decision rationale: Similarly, the request for home interferential-electrical muscle stimulator unit was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 300, insufficient evidence exists to determine the effectiveness of sympathetic therapy, non-invasive treatment involving electrical stimulation, also known as interferential therapy. The MTUS Guideline in ACOEM Chapter 3, Table 3-1, page 49 also notes that transcutaneous electrical therapy, i.e., the modality at issue, is deemed "not recommended" as part of initial approaches to treatment. The attending provider failed to furnish a clear or compelling rationale for selection of this particular modality in the face of the unfavorable position(s) on the same set forth in the MTUS Guideline(s) in ACOEM Chapter 12, page 300 and ACOEM Chapter 3, Table 3-1, page 49. Therefore, the request was not medically necessary.