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| Case Number: | CM15-0209672 | | |
| Date Assigned: | 10/28/2015 | Date of Injury: | 04/01/2015 |
| Decision Date: | 12/16/2015 | UR Denial Date: | 10/12/2015 |
| Priority: | Standard | Application Received: | 10/26/2015 |

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 68-year-old who has filed a claim for chronic neck, shoulder, wrist, hand, finger, and low back pain reportedly associated with an industrial injury of April 1, 2015. In a Utilization Review report dated October 12, 2015, the claims administrator failed to approve a request for 8 hand therapy sessions. The claims administrator referenced a September 30, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On a handwritten note of July 27, 2015, the applicant reported ongoing issues with hand, wrist, finger, low back, shoulder, and neck pain. The note was very difficult to follow, handwritten, and not altogether legible. Naprosyn, Prilosec, Flexeril, Neurontin, and a rather proscriptive 5-pound lifting limitation were endorsed. It was not clearly stated whether the applicant was or was not working with said limitation in place. On a handwritten note dated August 25, 2015, multifocal pain complaints were again reported. Naprosyn, Prilosec, Flexeril, and Neurontin were, once again, endorsed. Once again, it was not clearly stated whether the applicant was or was not working. The remainder of the file, including the claims administrator's medical evidence log, was surveyed. It did not appear that the September 30, 2015 office visit which the claims administrator based its decision upon was incorporated into the IMR packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Hand Therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines Chapter Forearm, Wrist, & Hand.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Physical Medicine.

Decision rationale: No, the request for eight hand therapy sessions 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-session treatment for myalgias and myositis of various body parts, i.e., the diagnosis reportedly present here, this recommendation is, however, qualified by commentary made on page 8 of 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 and by commentary made in the MTUS Guideline in ACOEM Chapter 3, page 48 to the effect that the value of physical therapy increases with a prescription for the same, which "clearly states treatment goals." Here, multiple handwritten progress notes, referenced above, were difficult to follow, thinly and sparsely developed, not entirely legible, and did not clearly state treatment goals. While it is acknowledged that the September 30, 2015 office visit in which the article in question was sought was not seemingly incorporated into the IMR packet, the historical notes on file did not, in short, establish clear treatment goals. The fact that a rather proscriptive 5-pound lifting limiting limitation was renewed, seemingly unchanged from visit to visit, coupled with the claimant's continued reliance on a variety of analgesic and adjuvant medications to include Naprosyn, Flexeril, Neurontin, etc., taken together, suggested a lack a functional improvement as defined in MTUS 9792.20e, despite receipt of earlier unspecified amounts of hand therapy over the course of the claim. Therefore, the request is not medically necessary.