

Case Number:	CM15-0209829		
Date Assigned:	10/28/2015	Date of Injury:	11/28/2012
Decision Date:	12/16/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/23/2015

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: California, North Carolina
 Certification(s)/Specialty: Family Practice

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 injured worker is a 35 year old male, who sustained an industrial injury on 11-28-12. The injured worker has complaints of right elbow pain that radiates to his hand with numbness, tingling and weakness. There is positive weakness. The diagnoses have included pain in joint, forearm. Treatment to date has included ultram; prilosec and voltaren. The original utilization review (10-16-15) non-certified the request for post-op physical therapy 3 times a week for 4 weeks for right elbow; post-op acupuncture 2 times a week for 6 weeks for right elbow and portable solar care FIR heat pad for wrist 6-8 hours per day, purchase. Several documents within the submitted medical records are difficult to decipher.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op physical therapy 3 times a week for 4 weeks for right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Elbow & Upper Arm.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine, and Postsurgical Treatment 2009, Section(s): Elbow & Upper Arm.

Decision rationale: This patient is diagnosed with chronic pain in the right forearm and wrist. The request is for post-operative physical therapy for the right elbow. The records show that the patient had a right elbow surgery authorized and scheduled for 10/02/2015. However, there is no documentation in the records of the type of elbow surgery to be performed or that it occurred as scheduled. Therefore, due to lack of information, the request for post-operative physical therapy is not medically necessary or appropriate.

Post-op acupuncture 2 times a week for 6 weeks for right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The request is for post-operative acupuncture twice weekly for 12 sessions. CA MTUS Guidelines state that acupuncture may be used as an adjunct to physical rehab or surgical intervention to hasten functional recovery. However, base on the records submitted, there is no documentation that the patient is seeking physical rehab or surgical intervention for the right elbow injury. Therefore, the patient has no met criteria. In this case, the request is for 12 sessions, however guidelines recommend only 3-6 treatments as the time to produce functional improvement before more sessions can be recommended. Therefore, the request is not medically necessary or appropriate.

Portable solar care FIR heat pad for wrist 6-8 hours per day, purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, & hand (updated 09/29/15) Online Version;
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3699878>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (heat/cold packs).

Decision rationale: MTUS/ACOEM does not address this request for a portable solar care FIR heat pad for the wrist 6-8 hours per day for purchase. ODG recommends only a few days of cold packs after acute injury or surgery. Heat therapy can be palliative for arthritis. The records submitted do not indicate any past efficacy of provider-based heat therapy versus home therapy. Guidelines do not support high-tech cold/heat delivery systems, since simple over the counter cold/heat packs, such as ice packs, are just as efficacious. There is also no indication of an acute injury or flare up indicating the medical necessity of a heat pack. Therefore, the request is not medically necessary or appropriate.