

Case Number:	CM15-0210861		
Date Assigned:	10/29/2015	Date of Injury:	11/18/2013
Decision Date:	12/18/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/27/2015

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 54-year-old who has filed a claim for chronic elbow, shoulder, and wrist pain reportedly associated with an industrial injury of November 18, 2013. In a utilization review report dated September 30, 2015, the claims administrator failed to approve a request for six sessions of physical therapy for the elbow and wrist. The claims administrator referenced a September 17, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said September 17, 2015 office visit, the applicant reported ongoing issues with chronic shoulder, elbow, and wrist pain. The applicant was described as having returned to work. The applicant reported a recent flare in pain complaints. 4 to 5/5 elbow and shoulder strength was appreciated. The applicant had received 12 sessions of physical and occupational therapy, the treating provider reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x a week x 3 weeks Right Shoulder, Right Elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, and Elbow Complaints 2007.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: No, the request for six sessions of physical therapy for the shoulder and elbow was not medically necessary, medically appropriate, or indicated here. The claimant had had 12 recent treatments, the treating provider reported on the September 17, 2015 office visit at issue, seemingly in excess of the 9- to 10-session course suggested on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for treatments for myalgias and myositis of various body parts, i.e., the diagnosis reportedly present here. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that the claimant should be instructed in and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Here, the applicant had returned to work, the treating provider acknowledged on September 17, 2015. The applicant exhibited a relatively well-preserved elbow and shoulder strength, it was reported on that date. It was not clearly stated why the applicant could not transition to self-directed, home-based physical medicine without the lengthy formal course of therapy at issue, as suggested on both pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.