

Case Number:	CM15-0030519		
Date Assigned:	02/24/2015	Date of Injury:	04/23/2011
Decision Date:	07/09/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/18/2015

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

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 injured worker is a 29 year old female with an industrial injury dated 04/23/2011. Her diagnoses included radial styloid tenosynovitis, sprain radio carpal joint, sprain elbow or forearm and chronic pain syndrome. Prior treatment included physical therapy and medications. She presents on 09/05/2014 (most recent available record) with complaints of right sided neck pain with migraine headaches, right shoulder pain, right wrist and right elbow pain. Pain medications take pain from a 9/10 to a 6/10. Physical exam revealed moderate spasms in the paraspinal and bilateral trapezius muscles with limited range of motion in the neck. There was limited flexion and extension with discomfort. The current request is for 10 physical therapy sessions for the right wrist/elbow and re-evaluation with orthopedics.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 Physical Therapy Sessions for the Right Wrist/Elbow: 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 section page(s): 98, 99.

Decision rationale: The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified, receive 9-10 visits over 8 weeks. In this case, the injured worker has attended multiple courses of physical therapy with little subjective relief. Per available documentation, her last physical therapy sessions were in 2014. There was no documented functional increase with physical therapy. The injured worker states that her pain is getting worse but it has actually remained stable over time. This request for 10 sessions exceeds the recommendations of the guidelines, therefore, the request for 10 Physical Therapy Sessions for The Right Wrist/Elbow is not medically necessary.

Re-Evaluation with Ortho: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints page(s): 177, 303. Decision based on Non- MTUS Citation Official Disability Guidelines (ODG) Low Back/Office Visits.

Decision rationale: The MTUS Guidelines do not address office visits specifically for chronically injured workers. The MTUS Guidelines recommend frequent follow-up for the acutely injured worker when a release to modified, increased, or full activity is needed, or after appreciable healing or recovery can be expected, on average. Per the ODG, repeat office visits are determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. In this case, the injured worker was last seen in 2014 by orthopedics. It was documented that there were no further gains to be had using physical therapy, surgery, or medications. The injured worker states that her pain is getting worse but it has actually remained stable over time. This request is for a follow-up visit with orthopedics without specific treatment goals. As the injured

worker's physical condition and pain levels have remained constant, the request for re-evaluation with Ortho is not medically necessary.