

Case Number:	CM15-0035132		
Date Assigned:	03/03/2015	Date of Injury:	12/17/2002
Decision Date:	04/13/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/24/2015

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 51-year-old [REDACTED] beneficiary who has filed a claim for chronic elbow, hand, and wrist pain reportedly associated with an industrial injury of December 17, 2002. In a Utilization Review Report dated February 11, 2015, the claims administrator failed to approve request for 12 sessions of physical therapy for the hand and wrist. A variety of MTUS and non-MTUS Guidelines were involved, along with a January 12, 2015 progress note and January 20, 2015 RFA form. The applicant's attorney subsequently appealed. In an RFA form dated February 4, 2015, 12 sessions of physical therapy for the elbow, hand, and wrist were proposed. In an associated progress note of January 21, 2015, the applicant reported highly variable 3-7/10 elbow, wrist, hand, neck, and jaw pain. The applicant had received recent occipital nerve block. The applicant was status post right carpal tunnel release surgery in 2008, lumbar spine surgery in 2009, and left carpal tunnel release surgery in March 2013. Additional physical therapy was proposed. The applicant's work status was not stated. In a progress note dated January 12, 2015, the applicant was placed off of work, on total temporary disability. The applicant was asked to continue Motrin and topical compounded medications while remaining off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy twice a week for six weeks for the right elbow/hand/wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine; Functional Restoration Approach to Chronic Pain Management Page(s): 99; 8.

Decision rationale: No, the request for 12 sessions of physical therapy was not medically necessary, medically appropriate, or indicated here. The 12-session course of treatment proposed in and of itself represents treatment in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the diagnosis reportedly present here. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates there must be demonstration of functional improvement at various milestones in the treatment program so as to justify continuation of treatment. Here, however, the applicant was/is off of work, on total temporary disability, despite receipt of earlier physical therapy in unspecified months over the claim. The applicant remained dependent on various analgesic medications, including topical compounded agents. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of earlier physical therapy in unspecified amounts over the course of the claim. Therefore, the request for additional physical therapy was not medically necessary.