

Case Number:	CM15-0045710		
Date Assigned:	03/18/2015	Date of Injury:	10/10/2008
Decision Date:	04/23/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/10/2015

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: New York, Tennessee

Certification(s)/Specialty: Emergency 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 34 year old female, who sustained an industrial injury on 10/10/2008. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having radial head degeneration and status post cervical five to six fusion. Treatment to date has included status post revision to radial head implant, physical therapy, medication regimen, polysomnography, status post insertion of a neurostimulator, status post cervical five to six fusion, laboratory studies, x-rays of the elbow, and home exercise program. In a progress note dated 01/26/2015 the treating provider reports complaints of pain from the shoulder to the wrist and to the outer part of the elbow along with the injured worker having difficulty driving secondary to complaints of the sensation of her arm being on fire. The treating physician is requesting more physical therapy noting that the injured worker indicated that her arm feels heavy along with the continued complaints of pain that is noted above. The treating physician also requested transportation to all three doctors she is under the care of and physical therapy indicating as previously noted that the injured worker has a sensation of her arm being on fire when she drives and also notes that public transportation is a safety issue for where she would have to travel.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 additional Physical Therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 98-99.

Decision rationale: Chronic Pain Medical Treatment Guidelines state that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, TENS units, ultrasound, laser treatment, or biofeedback. They can provide short-term relief during the early phases of treatment. Active treatment is associated with better outcomes and can be managed as a home exercise program with supervision. ODG states that physical therapy is more effective in short-term follow up. Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. Recommended number of visits for myalgia and myositis is 9-10 visits over 8 weeks; and for neuralgia, neuritis, and radiculitis is 8-10 visits over 4 weeks. In this case, the patient has received prior treatment with physical therapy. There is no documentation of objective evidence of functional improvement. In addition, the requested 12 visits surpass the maximum number of 10 recommended for treatment. The request is not medically necessary.

Transportation to all doctor's appointments and physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg, Transportation (to & from appointments).

Decision rationale: Transportation is recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. This reference applies to patients with disabilities preventing them from self-transport who are age 55 or older and need a nursing home level of care. In this case, there is no documentation that the patient needs nursing home level of care. Transportation back and forth to appointments is not indicated. The request is not medically necessary.