

<b>Case Number:</b>	CM15-0049837		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	01/09/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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 [REDACTED] beneficiary who has filed a claim for chronic neck, hand, and wrist pain reportedly associated with an industrial injury of January 9, 2013. In a Utilization Review Report dated February 27, 2015, the claims administrator failed to approve requests for eight sessions of physical therapy and a follow-up visit. A January 29, 2015 progress note and associated RFA form were referenced in the determination. The claims administrator did not document the applicant's work status or response to earlier physical therapy treatment but simply wrote that physical therapy was not going to do anything for the applicant at this time. The applicant's attorney subsequently appealed. The claims administrator's medical evidence log suggested that the most recent progress note provided was, however, dated September 26, 2014, i.e., seemingly well before the date of the request. In a September 26, 2014 deposition, the applicant's work status, functional status, and response to earlier treatment were not detailed. In a Medical-legal Evaluation dated March 29, 2014, the medical-legal evaluator acknowledged that the applicant was not working and had treated with physical therapy, manipulative therapy, and acupuncture, without significant relief. The applicant was using Norco, Vicodin, naproxen, and Pepsid as of that point in time, the medical-legal evaluator acknowledged.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy two times a week for four weeks for the bilateral wrists:** Upheld

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

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

**Decision rationale:** No, the request for 12 sessions of physical therapy for the bilateral wrists was not medically necessary, medically appropriate, or indicated here. The 12-session physical therapy proposal, 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/or myositis of various body parts, the diagnosis reportedly present here. Page 8 of the Chronic Pain Medical Treatment Guidelines further notes that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. While the January 29, 2015 progress note and associated RFA form made available to the claims administrator in its determination were not incorporated into Independent Medical Review packet, the historical progress notes provided, including the historical 2014 progress notes, suggested that the applicant had failed to profit from earlier physical therapy treatment. A medical-legal evaluator noted on March 29, 2014 that earlier physical therapy had proven ineffective, noting that the applicant was not working as of that point in time. The applicant's failure to return to work, coupled with the applicant's continued dependence on opioid agents such as Norco and Vicodin, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of earlier unspecified amounts of physical therapy over the course of the claim. Therefore, the request for additional physical therapy was not medically necessary.

**Follow-up visit in 6 weeks:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

**Decision rationale:** Conversely, the request for a follow-up visit was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 79, frequent follow-up visits are often warranted in order to provide structure and reassurance, even in those applicants whose conditions are not expected to change appreciably from week to week. Here, the applicant was seemingly off of work as of the date of the request. The applicant was still using opioid agents, such as Norco. A follow-up visit, thus, was indicated for variety of purposes, including for disability management and/or medication management purposes. Therefore, the request was medically necessary.

