

Case Number:	CM15-0049954		
Date Assigned:	03/23/2015	Date of Injury:	03/10/2008
Decision Date:	05/01/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	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 38-year-old who has filed a claim for chronic shoulder, elbow, wrist, and neck pain reportedly associated with an industrial injury of March 10, 2008. In a Utilization Review Report dated February 24, 2015, the claims administrator failed to approve request for 12 sessions of physical therapy, MRI imaging of the elbow, and MRI imaging of the shoulder. The claims administrator referenced a February 11, 2015, progress note in its determination. Non-MTUS 2004 ACOEM Guidelines on the elbow were referenced and, furthermore, mislabeled as originating from the MTUS. The applicant's attorney subsequently appealed. On January 14, 2015, the applicant reported multifocal complaints of shoulder, elbow and wrist pain. Hyposensorium was noted about the hands with positive Tinel's and Phalen's signs noted bilaterally. The applicant was given refills of Prilosec, Norco, Soma, tramadol, and Naprosyn. Physical therapy was endorsed. Permanent work restrictions previously imposed by medical-legal evaluator were also endorsed. It did not appear that these limitations were accommodated. On February 11, 2015, MRI imaging of the elbow and shoulder were proposed, along with 12 sessions of physical therapy. The attending provider did not state what was suspected in so far as the MRI studies were concerned. The applicant did exhibit diminished range of motion about the shoulder. The requesting provider was a physiatrist, it was incidentally noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3x4 for right shoulder, bilateral elbows and bilateral wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 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 that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the attending provider seemingly renewed the applicant's permanent work restrictions from visit to visit. Earlier physical therapy, thus, has not produced any diminution of the applicant's work restrictions from visit to visit, nor had earlier physical therapy diminished the applicant's reliance on various opioid and non-opioid medications, including Norco, tramadol, Soma, etc. All of the foregoing, 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 further in excess of the MTUS parameters was not medically necessary.

MRI of right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 33.

Decision rationale: Similarly, the request for MRI imaging of the elbow was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guidelines in ACOEM Chapter 10, page 33, one of the cardinal criteria for pursuit of the imaging studies of the elbow is evidence that an imaging study will substantially change the treatment plan. Here, however, the requesting provider made no mention of how the proposed elbow MRI would influence or alter the treatment plan. The requesting provider was a physiatrist, not an elbow surgeon, reducing the likelihood of the applicant's acting on the results of the proposed MRI and/or considering surgical intervention based on the outcome of the same. Therefore, the request was not medically necessary.

MRI of right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

Decision rationale: Finally, the request for shoulder MRI imaging was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 214, the usage of shoulder MRI imaging or arthrography for routine evaluation purposes without surgical indications is deemed "not recommended." Here, as with the preceding request, the fact that the attending provider concurrently ordered multiple MRI studies reduced the likelihood of the applicant's acting on the results of any one particular study and/or consider surgical intervention based on the outcome of the same. It was not clearly stated or clearly established how the proposed MRI would influence or alter the treatment plan. Therefore, the request was not medically necessary.