

Case Number:	CM15-0056025		
Date Assigned:	04/15/2015	Date of Injury:	06/06/2012
Decision Date:	05/14/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/24/2015

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 38-year-old who has filed a claim for chronic elbow pain reportedly associated with an industrial injury of April 18, 2012. In a Utilization Review report dated February 24, 2015, the claims administrator failed to approve a request for eight sessions of physical therapy for the shoulder and elbow. The RFA form dated January 27, 2015, and a progress note of November 17, 2014 were referenced in the determination. The applicant's attorney subsequently appealed. On November 17, 2014, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of shoulder and elbow pain. An elbow corticosteroid injection was performed. Platelet rich plasma injection was proposed. The applicant was given topical compounded medications and asked to remain off of work. On January 31, 2015, Tramadol, Lidoderm patches, platelet rich plasma injection, and eight additional sessions of physical therapy were endorsed. The attending provider stated that he was seeking platelet rich plasma injection therapy on the grounds that the applicant's pain complaints were chronic and severe, sometimes as high as 9/10. Derivative complaints of anxiety and psychological stress were evident. The applicant was, once again, kept 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 two times a week times four weeks for the right shoulder and the left 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 Functional Restoration Approach to Chronic Pain Management Page(s): 8.

Decision rationale: No, request for eight sessions of physical therapy for shoulder and elbow was not medically necessary, medically appropriate, or indicated here. As noted on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines, demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was off of work, on total temporary disability, as of the date of the request, January 31, 2015. The applicant continued to report severe pain complaints on that date. The applicant remained dependent on opioid agents such as Tramadol and topical agents such as Lidoderm, the treating provider reported, on January 31, 2015. The treating provider also reported that the applicant should consider transferring care to a pain management specialist on that date, again noting that earlier conservative treatment, including earlier physical therapy, had failed. Therefore, the request for additional physical therapy was not medically necessary.