

Case Number:	CM15-0058447		
Date Assigned:	04/03/2015	Date of Injury:	05/31/2013
Decision Date:	05/05/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/27/2015

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 59-year-old who has filed a claim for chronic hand, wrist, elbow, and shoulder pain reportedly associated with an industrial injury of May 31, 2013. In a Utilization Review report dated March 11, 2015, the claims administrator failed to approve requests for eight sessions of physical therapy and a heating pad. A progress note dated February 17, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. In a January 6, 2015 progress note, the applicant reported ongoing complaints of shoulder, elbow, wrist, hand, and finger pain, 8-9/10. Upper extremity paresthesias were also reported. The applicant was status post earlier carpal tunnel release surgery some one year prior. Electrodiagnostic testing, eight sessions of physical therapy, Neurontin, and a heating pad for the neck and shoulder were endorsed. The applicant was given a 10-pound lifting limitation. It was not clearly stated whether the applicant was or was not working with said limitation in place. The attending provider suggested that electrodiagnostic of the left upper extremity be performed to search for left-sided carpal tunnel syndrome. A handwritten prescription seemingly dated February 21, 2015 suggested that the claimant was given prescriptions for oral diclofenac and Neurontin at that point. The applicant was placed off of work, on total temporary disability, via a handwritten prescription dated February 21, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (8-sessions): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome, Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

Decision rationale: No, the request for eight sessions of physical therapy was not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 8-10 sessions of treatment for neuralgias and neuritis of various body parts, the diagnosis reportedly present here, this recommendation is, however, qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, there was no such demonstration of functional improvement with earlier treatment. The applicant remained off of work, despite receipt of earlier unspecified amounts of physical therapy over the course of the claim. The applicant remained dependent on Neurontin, diclofenac, and other medications. The fact that electrodiagnostic testing had been ordered on January 6, 2015 suggested the failure of earlier conservative treatment, including earlier physical therapy. All of the foregoing, taken together, suggested 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 was not medically necessary.

Heating Pad: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome, Heat Therapy, Knee and Leg Chapter, Heat.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 174.

Decision rationale: Conversely, the request for a heating pad was medically necessary, medically appropriate, and indicated here. The attending provider's January 6, 2015 progress note suggested that the heating pad was intended for application to the neck, one of the applicants' primary pain generators. The MTUS Guideline in ACOEM Chapter 8, Table 8-5, page 174 does recommend at-home local applications of heat and cold as methods of symptom control for neck and upper back complaints, as were present here on or around the date in question, January 6, 2015. The heating pad at issue does seemingly represent a simple, low-tech device intended to facilitate application of heat therapy. Therefore, the request was medically necessary.

