

Case Number:	CM15-0087884		
Date Assigned:	06/08/2015	Date of Injury:	05/01/2014
Decision Date:	07/09/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/07/2015

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 44-year-old who has filed a claim for chronic elbow and upper extremity pain reportedly associated with an industrial injury of May 1, 2014. In a Utilization Review report dated April 29, 2015, the claims administrator failed to approve a request for eight sessions of physical therapy for the right elbow. The claims administrator referenced a progress note dated April 6, 2015 in its determination. The claims administrator contended that the applicant had completed 12 sessions of physical therapy through April 1, 2015. The applicant's attorney subsequently appealed. In a RFA form dated April 21, 2015, eight sessions of physical therapy, electrodiagnostic testing of bilateral upper extremities, a wrist support, a tennis elbow band, and an ergonomic workstation were sought. In an associated progress note of April 13, 2015, the applicant reported ongoing complaints of elbow and wrist pain, reportedly attributed to repetitive typing at the workplace. Eight sessions of physical therapy were endorsed, along with a tennis elbow support, ergonomic evaluation, wrist support, and electrodiagnostic testing. It did appear that the applicant was working with said limitation in place. The applicant's motor function was not described or characterized. In an April 6, 2015 progress note, the applicant had apparently transferred care to a new primary treating provider (PTP). The applicant acknowledged that she had received physical therapy elsewhere and had apparently returned to work with limitations in place. The applicant exhibited intact motor function; it was noted on neurologic exam. The applicant was apparently returned to work with limitations in place on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two (2) times a week for four (4) weeks right 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 Physical Medicine Page(s): 98-99.

Decision rationale: No, the request for eight sessions of physical therapy for the elbow was not medically necessary, medically appropriate, or indicated here. The applicant had had prior treatment (12 sessions, per the claims administrator), seemingly 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. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that applicants are expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Here, the applicant had already returned to work, as acknowledged above. It did not appear that the applicant had significant residual physical impairment, which could compel the lengthy formal course of physical therapy at issue as suggested by the attending provider's reports of intact motor function about the bilateral upper extremities. It appeared, thus, that the applicant was in fact capable of transitioning to self-directed, home-based physical medicine without the lengthy formal course of physical therapy at issue, as suggested on both pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.