

Case Number:	CM14-0093589		
Date Assigned:	07/25/2014	Date of Injury:	05/22/2007
Decision Date:	10/03/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/19/2014

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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] employee who has filed a claim for chronic shoulder pain, myalgias, myositis, arm pain, forearm pain, and elbow pain reportedly associated with cumulative trauma at work, first claimed on May 22, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; topical compounded drugs; earlier ulnar nerve decompression surgery; stellate ganglion blocks; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated May 22, 2014, the claims administrator denied a request for six sessions of physical therapy. The applicant's attorney subsequently appealed. In an earlier note dated January 6, 2012, the applicant reported multifocal bilateral upper extremity and bilateral hand pain. The applicant did have superimposed issues with generalized anxiety disorder, depression, and dyspepsia, it was stated. Vicodin, Medrox, Flexeril, and Protonix were endorsed. The applicant's work status was not stated. On January 6, 2014, the applicant was described as having attended chronic pain education and coping skill class. Additional psychotherapy was sought. In a physical therapy progress note dated February 14, 2012, the applicant was described as "out of work" accountant, who had received seven sessions of physical on that particular course. On May 6, 2014, the applicant reported persistent multifocal pain complaints. Additional physical therapy for range of motion and strengthening purposes was sought. The applicant was described as status post elbow Botox injections and also had presumptive diagnosis of chronic regional pain syndrome of the upper extremity. Well-preserved elbow range of motion was noted despite spasticity about the same. The applicant's work status was not furnished on this occasion. On April 3, 2014, the applicant was described using Norco, Flexeril, and Neurontin and was described as status post earlier Botox injection. The applicant was described as receiving acupuncture treatments as

recently as September 24, 2013. On December 6, 2013, it was stated that the applicant was advised to "remain off of work" owing to pain complaints. The applicant reported issues with a frustrated mood. The applicant was using Protonix, Norco, lidocaine, and Flexeril, it was stated. The applicant was asked to use a TheraCane massager and obtain Botox injections. On April 30, 2014, it was stated that the applicant had had 38 sessions of physical therapy through that particular therapist. On February 27, 2014, the applicant underwent an elbow manipulation under anesthesia procedure with associated Botox injection of the left wrist de Quervain's corticosteroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 3-Right Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 122, 111-113, 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99, 8.

Decision rationale: The request in question was seemingly initiated on May 6, 2014, i.e., still within the postsurgical physical medicine treatment period insofar as the applicant's elbow was concerned. However, the body part at issue is the wrist. The applicant did not seemingly undergo wrist surgery on February 27, 2014. The MTUS Chronic Pain Medical Treatment Guidelines are therefore applicable. The applicant has already had prior treatment (38 sessions), seemingly well in excess of the 24-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for reflex sympathetic dystrophy/chronic regional pain syndrome, the issue reportedly present here. As further 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 so as to justify continued treatment. In this case, however, the applicant is off of work, on total temporary disability. The applicant remains highly reliant and highly dependent on various forms of medical treatment, including topical drugs, opioid therapy, Botox injections, etc. All the above, taken together, suggest a lack of functional improvement as defined in the MTUS 9792.20f, despite extensive physical therapy already in excess of the MTUS parameters. Therefore, the request is not medically necessary.