

Case Number:	CM15-0121601		
Date Assigned:	07/02/2015	Date of Injury:	02/18/2002
Decision Date:	09/23/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/23/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 injured worker is a 52 year old female who sustained an industrial injury on 2/18/02. The injured worker was diagnosed as having paresthesia/numbness, lateral epicondylitis and lesion of ulnar nerve. Currently, the injured worker was with complaints of discomfort in the neck, right shoulder right arm and right elbow with intermittent nonspecific numbness in the distal ulnar, radial and medial nerve area. Previous treatments included transcutaneous electrical nerve stimulation, oral analgesic, selective serotonin reuptake inhibitors, and transcutaneous electrical nerve stimulation unit. Previous diagnostic studies were not noted in the documentation. The injured workers pain level was not noted. Physical examination was notable for right upper extremity with full range of motion, no atrophy, diffusely tender over lateral and medial malleoli. The plan of care was for Acetaminophen 500 milligram prescription and Physical Therapy, 6 sessions. Notes indicate that the patient has undergone physical therapy previously.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS 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) Elbow Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested additional physical therapy is not medically necessary.

Acetaminophen 500 mg, prescription: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen/APAP.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 12 of 127.

Decision rationale: Regarding the request for acetaminophen, CA MTUS cites that it is recommended for treatment of chronic pain & acute exacerbations of chronic pain. Within the documentation available for review, there is no current indication of efficacy as evidenced by quantified pain relief and examples of functional improvement. In light of the above issues, the currently requested acetaminophen is not medically necessary.