

Case Number:	CM15-0170119		
Date Assigned:	09/11/2015	Date of Injury:	11/20/2012
Decision Date:	10/15/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/31/2015

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 33-year-old who has filed a claim for chronic elbow pain reportedly associated with an industrial injury of November 20, 2012. In a Utilization Review report dated August 11, 2015, the claims administrator failed to approve requests for 12 sessions of physical therapy and eight sessions of acupuncture for the elbow. The claims administrator invoked the MTUS Chronic Pain Medical Treatment Guidelines in its determination, despite the fact that the applicant was outside the six-month postsurgical physical medicine treatment period established in MTUS 9792.24.3 following earlier elbow epicondylar release surgery on September 4, 2013. The claims administrator contended that the applicant had received approximately 21 sessions of physical therapy over the course of the claim. The claims administrator made no mention of whether or not the applicant had or had not had prior acupuncture or not. The applicant's attorney subsequently appealed. A medical-legal evaluator reported on July 14, 2015 that the applicant was working without restrictions. The applicant had undergone earlier elbow epicondylar release surgery on September 4, 2013, it was reported. The applicant was able to perform heavy lifting of articles weighing as heavy as 50 to 60 pounds, it was acknowledged. The medical-legal evaluator suggested that the applicant continue regular duty work. The medical-legal evaluator did conduct some survey of records seemingly made no mention of the applicant having had prior acupuncture. In a July 30, 2015 progress note, the applicant was returned to regular duty work. Ongoing complaints of elbow pain were reported. Tenderness about the elbow with some pain-limited elbow range of motion was evident. The applicant was tolerating regular work appropriately, it was reported. Additional physical therapy

was sought. Eight sessions of acupuncture were sought while Neurontin and Voltaren gel were renewed. The remainder of the file was surveyed. There was no mention of the applicant having had prior acupuncture. A May 21, 2015 progress note stated that the applicant had never had acupuncture at this point in time. Acupuncture was sought on that date, although it did not appear that this was ever seemingly approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 12 visits, right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: No, the request for 12 sessions of physical therapy for the elbow was not medically necessary, medically appropriate, or indicated here. The applicant was outside of the six-month postsurgical physical medicine treatment period established in MTUS 9792.24.3 following earlier elbow epicondylar release surgery of September 4, 2013 as of the date of the request, July 30, 2015. The MTUS Chronic Pain Medical Treatment Guidelines were therefore applicable. The 12-session course of treatment at issue, however, represents treatment in excess of the 9- to 10-session course suggested on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the diagnosis reportedly present here. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that applicants should be instructed and are expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Here, the applicant was described as performing independent home exercises on the July 30, 2015 office visit on which additional physical therapy was sought. The applicant had already returned to regular duty work, it was acknowledged on that date, as well as on earlier dates of May 21, 2015 and April 21, 2015. It was not clearly stated why the applicant could not continue performing independent home exercises without further formal physical therapy, as suggested on both pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Acupuncture 8 visits right elbow: Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Conversely, the request for eight sessions of acupuncture of the elbow was medically necessary, medically appropriate, and indicated here. As noted in the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1a, acupuncture can be employed for wide variety of purposes, including in the chronic pain context present here, to reduce inflammation, for pain relief, muscle relaxation effect, increased range of motion, etc. While it was acknowledged that the eight-session course of acupuncture represents treatment

slightly beyond the three- to six-treatment course deemed necessary to produce functional improvement, per the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1.c1, here, however, provision of some acupuncture is preferable to provision of no acupuncture, particular in light of the fact that (a) the claims administrator did not issue a partial approval and (b) there was/is no evidence that the applicant had had any prior acupuncture as of the date of the request. Therefore, the request was medically necessary.