

Case Number:	CM15-0069910		
Date Assigned:	04/17/2015	Date of Injury:	03/16/2003
Decision Date:	05/19/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/13/2015

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 47-year-old who has filed a claim for chronic shoulder, elbow, thumb, and upper extremity pain reportedly associated with an industrial injury of March 16, 2003. In a Utilization Review report dated April 10, 2015, the claims administrator failed to approve a request for "unspecified" treatment for the right elbow. Motrin and laboratory testing to include a CBC and Chem-7 panel were, however, approved. The claims administrator referenced a progress note of March 30, 2015 and an associated RFA form of April 3, 2015 in its determination. The applicant's attorney subsequently appealed. In a handwritten progress note dated April 10, 2015, the applicant was returned to regular work, despite ongoing issues with elbow epicondylitis, exacerbated by lifting. The applicant was asked to continue unspecified medications for the elbow. It was not clearly stated what treatment the attending provider was referring to. In a March 30, 2015 progress note, the applicant reported ongoing complaints of left thumb pain status post CMC arthroplasty. The applicant was also status post earlier cubital tunnel release surgery. The applicant had completed a recent functional capacity evaluation, it was acknowledged. On this occasion, it was suggested that the applicant would likely require permanent work restrictions. Motrin was endorsed, along with laboratory testing. The applicant had reportedly alleged development of compensatory elbow pain. Unspecified treatments involving the same were proposed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Treatment for right elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48.

Decision rationale: No, the request for "treatment" for the elbow was not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 3, page 48 stipulates that an attending provider should furnish a prescription for physical therapy which "clearly states treatment goals." Page 48 of the ACOEM Practice Guidelines also notes that the value of physical therapy increases with a specific description of the diagnosis and/or lesions causing an applicant's symptoms. Here, however, clear treatment goals were furnished. The nature of the "treatment" at issue was not stated. It was not stated whether the request represented a request for analgesic medications, an elbow epicondylitis strap, formal physical therapy, etc. The request cannot be supported, given its ambiguous nature. Therefore, the request was not medically necessary.