MAXIMUS Federal Services

Case Number:	CM15-0075245		
Date Assigned:	04/27/2015	Date of Injury:	10/31/2012
Decision Date:	05/22/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/20/2015

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 52-year-old who has filed a claim for chronic elbow pain reportedly associated with an industrial injury of October 31, 2012. In a Utilization Review report dated March 15, 2015, the claims administrator failed to approve a request for six sessions of the physical therapy to the elbow to include diathermy, ultrasound, myofascial release, and electrical stimulation. The claims administrator's note provided MTUS and non-MTUS Guidelines in the determination. A RFA form received on March 10, 2015 was referenced, as was a progress note of February 18, 2015. The applicant's attorney subsequently appealed. On March 12, 2014 Norco, Prilosec, Naprosyn, Flexeril, and several topical compounds were endorsed while the applicant was placed off work, on total temporary disability, owing to ongoing complaints of elbow pain. In a historical Utilization Review report dated March 26, 2014, the claims administrator did approve four additional sessions of physical therapy as of that point in time. On February 18, 2015, the applicant reported ongoing complaints of elbow and forearm pain, 5/10. Six sessions of physical therapy to include the modality in question were proposed. The applicant's work status was not furnished, although it did not appear that the applicant was working. On November 18, 2014, the applicant was placed off work, on total temporary disability. Eight sessions of physical therapy were endorsed. The applicant was apparently in the process of applying of Social Security Disability Insurance (SSDI), it was acknowledged. Pushing, pulling, twisting, gripping, and grasping were problematic, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of physical therapy for left elbow only to include: paraffin bath, diathermy, ultrasound, myofascial release and electrical stimulation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ultrasound, therapeutic; Physical Medicine; Functional Restoration Approach to Chronic Pain Management Page(s): 123; 98; 8.

Decision rationale: No, the request for six sessions of physical therapy for the elbow to include paraffin bath treatment, diathermy, ultrasound, myofascial release therapy, and electrical stimulation was not medically necessary, medically appropriate, or indicated here. As noted on page 123 of the MTUS Chronic Pain Medical Treatment Guidelines, therapeutic ultrasound, one of the modalities at issue, is "not recommended" in the chronic pain context present here. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that passive modalities, as a whole, should be employed "sparingly" during the chronic pain phase of a claim. Here, however, the request for 5 different passive modalities to include paraffin bath treatment, diathermy, ultrasound, myofascial release therapy, electrical stimulation, thus, ran counter to MTUS principles and parameters. Finally, page 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was off work, on total temporary disability, as of the date of the request. Activities as basic as gripping, grasping, and lifting remain problematic. The applicant remained dependent on various topical compounded medications. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier physical therapy in unspecified amounts. Therefore, the request is not medically necessary.