

Case Number:	CM15-0092228		
Date Assigned:	05/18/2015	Date of Injury:	12/03/2014
Decision Date:	09/02/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/13/2015

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 50-year-old [REDACTED] beneficiary who has filed a claim for chronic elbow and forearm pain reportedly associated with an industrial injury of December 3, 2014. In a Utilization Review report dated April 14, 2015, the claims administrator failed to approve a request for six additional sessions of physical therapy. The claims administrator referenced an RFA form received on April 2, 2015 in its determination. The applicant personally appealed. In a letter dated May 13, 2015, the applicant contended that the claims administrator's documentation was ambiguous. The claims administrator contended that the claims administrator had issued the denial in an untimely manner. The applicant contended, in a separate letter dated April 28, 2015, that she was in fact, working. The applicant contended that earlier physical therapy had proven beneficial and that she could stand to gain from further therapy. In a physical therapy progress note dated May 9, 2015, it was stated that the applicant had completed 13 sessions of physical therapy for elbow epicondylitis. The applicant also had ancillary complaints of right wrist pain. The applicant attributed symptoms to prolonged keyboarding at work, it was reported. Additional physical therapy was sought. On an RFA form dated April 2, 2015, six additional physical therapy treatments were sought. The applicant still had some wrist and elbow pain associated with gripping and grasping, it was reported. The applicant was described as exhibiting 42 pounds of grip strength about the right elbow versus 51 pounds about the left elbow. The treating therapist contended that grip strength testing was nevertheless painful. The applicant had multiple foci of pain, including the wrist, elbow, and trapezius, it was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy for the right wrist, twice a week for three weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: No, the request for an additional six sessions of physical therapy was not medically necessary, medically appropriate, or indicated here. The applicant had had prior treatment (13 to 14 treatments, per the treating therapist), seemingly 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 diagnoses reportedly present here. While it is acknowledged that not all of these treatments necessarily transpired during the chronic pain phase of the claim, this recommendation is further qualified by commentary made on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that applicants should be instructed in and are expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels and also by commentary made on page 48 of the ACOEM Practice Guidelines to the effect that an attending provider should furnish a prescription for physical therapy which "clearly states treatment goals". Here, however, it was not clearly stated why the applicant could not transition back to self-directed, home-based physical medicine, just as she had already returned to work. The applicant was described as having well-preserved grip strength about the injured right hand in the 42-pound range, per an office visit of May 9, 2015, despite ongoing complaints of pain. Clear goals for further therapy, going forward, were not articulated. The Request for Authorization appears to have been initiated by the treating therapist, without an intervening office visit with the attending provider so as to formulate a treatment goal. Therefore, the request is not medically necessary.