

Case Number:	CM15-0097549		
Date Assigned:	05/28/2015	Date of Injury:	05/24/2011
Decision Date:	07/09/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/20/2015

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 64-year-old who has filed a claim for chronic hand, wrist, and shoulder pain reportedly associated with an industrial contusion injury of May 24, 2011. In a Utilization Review report dated April 30, 2015, the claims administrator failed to approve requests for 18 sessions of physical therapy to include various and sundry modalities, including re-evaluation order, dynamic activities, therapeutic exercise, and massage. A March 27, 2015 order form was referenced in the determination. The applicant's attorney subsequently appealed. In a handwritten note dated January 12, 2015, difficult to follow, not entirely legible, the applicant reported multifocal complaints of hand and wrist pain, neck pain, back pain, shoulder pain, and upper extremity paresthesias. The applicant was apparently asked to pursue 18 sessions of physical therapy. Authorization was sought for a right carpal tunnel release surgery. The applicant was returned to regular duty work (on paper), although it was not clearly stated whether the applicant was or was not working. On December 29, 2014, the applicant was placed off of work, on total temporary disability, owing to multifocal pain complaints. A medical-legal evaluator noted on October 14, 2014 that the applicant was not currently working as of that point in time and had seemingly been off of work since 2012. The applicant was had developed constant multifocal pain complaints, ranging from 5-9/10. The applicant stated that she had worsened over time. The applicant was apparently using Norco, Prilosec, naproxen, Flexeril, and topical compounds, it was reported at this point. In a handwritten note dated November 26, 2014, the applicant was again placed off of work, on total temporary disability. Voltaren gel was endorsed. The claims administrator's medical evidence log acknowledged that the most recent

office on file was in fact dated January 12, 2015; thus, the March 27, 2015 order form which the claims administrator based its decision upon was not seemingly incorporated into the IMR packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy re-evaluation, unspecified hand/wrist, per 03/27/15 order: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 99.

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

Decision rationale: No, the request for a physical therapy re-evaluation is not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 3, page 48, it is incumbent upon a requesting provider to furnish a prescription for therapy which "clearly states treatment goals". Here, however, clear treatment goals, by definition, were not furnished as the March 27, 2015 order form/progress note on which the article in question was proposed was not incorporated into the IMR packet. The applicant's work status, functional status, response to earlier treatment, and/or goals of further therapy, going forward, were not clearly detailed. Therefore, the request is not medically necessary.

Dynamic activities, 3 times weekly, unspecified hand/wrist, per 03/27/15 order Qty: 18: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

Decision rationale: Similarly, the request for "dynamic activities"-18 sessions-is not medically necessary, medically appropriate, or indicated here. The 18-session course of therapy at issue, in and of itself, represents treatment in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and/or myositis of various body parts. Page 99 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that the frequency of treatment should be appropriately faded or tapered over time. Here, no rationale for such a lengthy, protracted course of the treatment was furnished by the attending provider. Again, the March 27, 2015 order form in which the article in question was sought was not incorporated into the IMR packet. The historical information on file failed to support or substantiate the request. Therefore, the request is not medically necessary.

Therapeutic exercises, 3 times weekly, unspecified hand/wrist, per 03/27/15 order Qty: 18: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

Decision rationale: Similarly, the request for 18 sessions of "therapeutic exercises" was likewise not medically necessary, medically appropriate, or indicated here. The 18-session course of therapy at issue, in and of itself, represents treatment in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the diagnoses reportedly present here. Page 99 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that the frequency of treatment should be tapered or faded over time. Here, however, it was not clearly stated why such a lengthy, protracted course of therapy was endorsed. The March 27, 2015 order form/progress note in which the article in question was sought was not incorporated into the IMR packet. The historical notes on file, however, failed to support or substantiate the request. Therefore, the request is not medically necessary.

Massage, 3 times weekly, unspecified hand/wrist, per 03/27/15 order Qty: 18: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine; Massage therapy Page(s): 98; 60.

Decision rationale: Finally, the request for 18 sessions of massage therapy for the hand and wrist was likewise not medically necessary, medically appropriate, or indicated here. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that passive modalities, as a whole, should be employed "sparingly" in the chronic pain phase of treatment. Here, thus, the request for 18 sessions of massage therapy runs counter to principles articulated both on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 60 of the MTUS Chronic Pain Medical Treatment Guidelines, which stipulates that massage therapy should be limited to four to six visits in most cases. Therefore, the request is not medically necessary.