

Case Number:	CM14-0148079		
Date Assigned:	09/18/2014	Date of Injury:	06/25/2013
Decision Date:	10/20/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/11/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 [REDACTED] employee who has filed a claim for chronic wrist and knee pain reportedly associated with an industrial injury of June 25, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; topical compounds; opioid therapy; and extensive periods of time off of work. In a Utilization Review Report dated August 26, 2014, the claims administrator denied a request for additional physical therapy for the left knee and left wrist. Additionally, a home TENS unit was also denied. The claims administrator did summarize some of the treatments received to date and did acknowledge that the applicant had received physical and occupational therapy at various points over the course of the claim. The applicant's attorney subsequently appealed. In a medical-legal evaluation dated July 14, 2014, the applicant was described as having persistent complaints of knee and wrist pain. The applicant was seemingly not working, it was acknowledged, with a rather proscriptive 20-pound lifting limitation imposed. It was stated that the applicant would likely need total knee replacement at some point in the near future. In an applicant questionnaire dated July 16, 2014, the applicant acknowledged that he was not working, either as a fleet service clerk at [REDACTED] or elsewhere. The remainder of the file was surveyed. It did not appear that the August 21, 2014 request for authorization form on which the services in question were sought had been incorporated into the Independent Medical Review packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x6 for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic. Page(s): 99,8.

Decision rationale: The 12-session course of treatment proposed, 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 issue seemingly present here. It is further noted that page 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that there must be some demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. In this case, however, the applicant is off of work, on total temporary disability, and reportedly remains reliant on various forms of medical treatment, including topical compounds. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f despite completion of earlier unspecified amounts of physical therapy over the course of the claim. Therefore, the request for additional physical therapy is not medically necessary.

Physical therapy for the left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic. Page(s): 99,8.

Decision rationale: The 12-session course of physical therapy proposed, 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 issue reportedly present here. It is further noted that page 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that there must be some demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. In this case, however, the applicant is off of work. The applicant apparently remains dependent on various topical compounds and other analgesic medications. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite earlier physical therapy in unspecified amounts over the course of the claim. Therefore, the request is not medically necessary.

TENS unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines of TENS topic. Page(s): 116.

Decision rationale: As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, usage and/or purchase of a TENS unit after an initial one-month trial of the same should be predicated on evidence of favorable outcome during the said one-month trial, in terms of both pain relief and function. In this case, the admittedly limited information on file does not establish the presence of any favorable outcome in terms of either pain relief or function with earlier usage of a TENS unit. It was/is not clearly established whether or not the applicant in fact received a previous one-month trial of the TENS unit in question. Assuming that the applicant did receive a one-month trial of the device, it does not appear the applicant responded favorably to the same. The applicant remains off of work, on total temporary disability, and remains reliant on topical compounds, it was suggested on a recent medical-legal evaluation. The information on file, thus, does not support the request, although it is acknowledged that the request for authorization (RFA) form and associated progress note on which the service in question was sought was not incorporated into the Independent Medical Review packet. Therefore, the request is not medically necessary.