

Case Number:	CM13-0002383		
Date Assigned:	06/11/2014	Date of Injury:	02/04/2010
Decision Date:	07/30/2014	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	07/22/2013

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 Physical Medicine and Rehabilitation 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 injured worker is a 56-year-old female who reported an injury on 02/04/2010 caused by an unknown mechanism. The physical examination from Occupational Therapy done on 05/28/2013 revealed the injured worker had a right lateral epicondyle release on 04/04/2012 and she continued with therapy but was never pain free after the surgery. On 05/28/2013 the objective findings revealed extremity 50/100 and the range of motion on the right elbow and wrist was within normal limits but pain at the end of range of motion with elbow flexion and extension and suspension. On 06/21/2013 the injured worker complained of pain at the right proximal forearm and right lateral elbow. It was noted that the injured worker had 2 therapy visits. There was lack of documented evidence provided for the injured worker on the outcome of the physical therapy visits. On the physical examination of the right proximal forearm and right lateral elbow revealed mild tenderness at the right elbow lateral epicondyle and mild to moderate right radial tunnel tenderness. It was noted the digits of the right hand, wrist and elbow had full range of motion. The diagnoses included right radial tunnel syndrome and recurrent right elbow lateral epicondylitis. The medications included Voltaren Gel and Protonix. The treatment plan included for a decision for 12 Occupational Therapy visits. The request for authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 OCCUPATIONAL THERAPY VISITS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 17 & 18.

Decision rationale: The request for 12 Occupational Therapy Visits is not medically necessary. The Postsurgical Treatment Guidelines states that Occupational Therapy visits for the forearm and elbow during immobilization, there was weak evidence of improved hand function in the short term, but not in the longer term, for early Occupational Therapy, and of a lack of differences in outcome between supervised and unsupervised exercises. Post immobilization, there was weak evidence of a lack of clinically significant differences in outcome in patients receiving formal rehabilitation therapy, passive mobilization or whirlpool immersion compared with no intervention. The guidelines also states that there was weak evidence of a short-term benefit of continuous passive motion (post external fixation), intermittent pneumatic compression, and ultrasound. There was weak evidence of better short-term hand function in patients given hand therapy than in those given instructions for home exercises by a surgeon. The guidelines states that the postsurgical treatment for lateral epicondylitis is 12 visits over 12 weeks and the postsurgical physical medicine period is 6 months. The document provided on 05/28/2013 stated the injured worker had returned back to work on 05/21/2012; however, there is no indication for functional improvement noted for the injured worker after receiving Occupational Therapy times 2. In addition, on 06/21/2013, there was lack of conservative care such as a home exercise regimen and pain medication management. The request for the 12 Occupational Therapy visits lack frequency and location where the Occupational Therapy was needed for the injured worker. Given the above, the request for 12 Occupational Visits is not medically necessary.