

Case Number:	CM13-0026943		
Date Assigned:	03/14/2014	Date of Injury:	11/12/2010
Decision Date:	04/22/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/20/2013

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 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 patient has submitted a claim for left medial and lateral epicondylitis and bilateral hand intrinsic extensor tendinitis associated with an industrial injury date of 11/12/2010. Treatment to date has included left elbow ulnar nerve transposition / cubital tunnel release and medial epicondylectomy on unspecified date, right carpal tunnel release surgery on unspecified date, left elbow injections, physical therapy twice a week for an unspecified duration, topical NSAIDs and oral medications. Utilization review from 09/03/2013 denied the requests for occupational therapy 2x weekly x 4 weeks of left elbow and occupational therapy 3x weekly x 4 weeks of right hand due to lack of documentation regarding response to previous therapy sessions. Medical records from 2008 to 2013 were reviewed showing that patient has been complaining of chronic moderate discomfort of the left elbow and right wrist. It was aggravated upon pushing, pulling and lifting more than two pounds, as well as gripping, grasping and torqueing. She denied numbness and tingling; however, she complains of weakness of the left arm. Physical examination showed muscle testing 5/5 in all tested upper extremity muscle groups with intact sensation to pinprick and light touch. There was tenderness at the medial and lateral aspects of the left elbow. There was no gross deformity and swelling of left elbow and right wrist. Tinel's sign was negative at the cubital tunnel. Range of motion of both left elbow and right wrist, thumb and fingers were within normal limits. Objective findings of the right hand included well-healed carpal tunnel release scar, no snuffbox tenderness and were negative for Tinel's, Phalen's reverse Phalen's, and Finkelstein's tests. Patient was able to oppose fingers and make a full fist easily on the right. Nerve conduction study of left upper extremity, dated 07/16/2013, showed normal results without evidence of cervical radiculopathy, brachial plexopathy, medial or ulnar neuropathy. Patient has been off work since 11/12/2010 due to her work-related injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

OCCUPATIONAL THERAPY 2 X WEEK X 4 WEEKS FOR LEFT ELBOW: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 98-99.

Decision rationale: According to pages 98-99 of Chronic Pain Medical Treatment Guidelines, patients are instructed and expected to continue active therapies at home as an extension of the physical therapy treatment process in order to maintain improvement levels. In this case, the patient already underwent occupational therapy sessions. However, medical records submitted for review did not show any documentation that the therapy sessions contributed to improvement of pain or functional activities. There was also no reported total number of visits completed. Patient also stated that the therapy sessions she already underwent did not provide significant improvement. Therefore, the request for occupational therapy 2 times per week for 4 weeks for left elbow is not medically necessary and appropriate.

OCCUPATIONAL THERAPY 3 X WEEK FOR 4 WEEKS FOR RIGHT HAND: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 98-99.

Decision rationale: According to pages 98-99 of Chronic Pain Medical Treatment Guidelines, patients are instructed and expected to continue active therapies at home as an extension of the physical therapy treatment process in order to maintain improvement levels. In this case, patient already underwent occupational therapy sessions. However, medical records submitted for review did not show any documentation that the therapy sessions contributed to improvement of pain or functional activities. There was also no reported total number of visits completed. Patient also stated that the therapy sessions she already underwent did not provide significant improvement. Therefore, the request for occupational therapy 3 times per week for 4 weeks for right hand is not medically necessary and appropriate.