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| Case Number: | CM13-0048504 | | |
| Date Assigned: | 01/15/2014 | Date of Injury: | 02/20/2013 |
| Decision Date: | 06/30/2014 | UR Denial Date: | 10/28/2013 |
| Priority: | Standard | Application Received: | 11/06/2013 |

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:

This is a 53 year-old female who has reported elbow pain of gradual onset attributed to usual work activity, with a listed date of injury as 2/20/13. An MRI of the right elbow showed a low grade tear and tendinosis, and an EMG/NCV was normal. She has been diagnosed with medial epicondylitis. She has been treated with 32 occupational therapy sessions, per the available reports. 4 visits of occupational therapy were completed as of 3/15/13, at which time the injured worker was not working. 8 visits of occupational therapy were prescribed on 3/8/13 and 4/8/13. 8 occupational therapy sessions were certified on 2/26/13 and 6/3/13. She was taken off work due to the flare-up and continued pain. On 5/17/13 the injured worker was stated to have minimal improvement, was not working, and had attended therapy. On 8/7/13 the injured worker was not working, work status was modified, and there was some improvement. On 9/5/13 the injured worker was not working due to elbow pain and 6 visits of occupational therapy were recommended. Work status was "temporarily totally disabled". On 10/4/13 the injured worker remained on "temporarily totally disabled" work status, had ongoing elbow pain, and more therapy was recommended. The authorization request for occupational therapy on 10/14/13 was for 8 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

OT 2X4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 26,Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The ACOEM Guidelines recommends "8-12 visits over 6-8 weeks, as long as functional improvement and program progression are documented." The 32 visits of occupational therapy already completed greatly exceed the recommendations of the ACOEM Guidelines. There is no evidence of symptomatic or functional benefit while the patient was in occupational therapy. The injured worker was unable to return to work during or after the course of occupational therapy. The medical reports show no significant improvement. The treating physician has not addressed the failure of this occupational therapy, or provided reasons why further treatment with this failed modality is indicated. This injured worker should have had sufficient experience with occupational therapy to perform independent exercise and self care now. The MTUS Chronic Pain Guidelines recommends up to 10 visits of physical therapy. This injured worker has had more than those 10 visits as well, again with no evidence of functional improvement. The treating physician has not stated a purpose for the current occupational therapy prescription. It is not clear what is intended to be accomplished with this occupational therapy, given that it will not cure the pain and there are no other goals of therapy. Additional Physical Medicine in this case is not medically necessary based on the MTUS Chronic Pain Guidelines. The request is not medically necessary and appropriate.