

Case Number:	CM14-0008912		
Date Assigned:	01/29/2014	Date of Injury:	07/23/2009
Decision Date:	07/21/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	12/30/2013

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Tennessee. 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 46-year-old with a July 23, 2009 date of injury. The exact mechanism of injury was not described. On September 11, 2013, the patient complained of paresthesias and numbness on the left side, with shooting pain along the volar aspect of her forearm. Objective exam: flexion compression at the elbow was positive with hypoesthesias to left touch in the left thumb and hyperesthesia in ulnar nerve distribution. On March 5, 2014, the patient had infrequent intermittent pain along the volar radial aspect of her forearm. Objective exam: hyperesthesias to pinwheel testing. Diagnostic Impression: tennis elbow, s/p bilateral cubital tunnel and carpal releases. Treatment to date: cubital tunnel release and carpal tunnel release December 3, 2013, medication management, activity modification. A UR decision dated December 20, 2013 modified the request for Occupational Therapy to six sessions to allow for establishing a stabilizing/strengthening program along with instruction for an active, progressive, and encouraged home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

OCCUPATIONAL THERAPY FOR THE LEFT WRIST/ELBOW, TWICE WEEKLY FOR SIX WEEKS: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The Postsurgical Treatment Guidelines support up to eight sessions of physical post-operatively after carpal tunnel release over a three to five week period. The Post-Surgical Treatment Guidelines support up to twenty sessions of physical therapy post-operatively for cubital tunnel release. This patient is s/p carpal tunnel and cubital tunnel release on December 3, 2013. This request is for twelve sessions of occupational therapy, which the guidelines would support in the post-operative setting. The request for occupational therapy for the left wrist/elbow, twice weekly for six weeks, is medically necessary and appropriate.