

Case Number:	CM14-0014501		
Date Assigned:	02/28/2014	Date of Injury:	06/05/2013
Decision Date:	07/31/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/05/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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 is a 34 year old male with a work injury dated 6/5/13. The diagnoses include right elbow sprain/lateral and medial epicondylitis and cubital tunnel syndrome. Under consideration is additional occupational therapy sessions 2 x 4 to the elbow/forearm. There is a 2/14/14 physical therapy document stating that the patient feels good. Overall the injection is working. He feels increased strength and function. The therapist documented that the patient had 4/4 sessions of therapy and was to be discharged if there are no new symptoms. A 1/22/14 physical therapy progress report states that eight visits were requested by the physician, but only four visits were authorized by Workers' Compensation insurance. The patient reports the January 8, 2014 injection into his elbow has decreased his nerve and tendon pain. He reports an achy pain, and a positive cubital tunnel Tinel test, but overall pain levels have decreased. His current pain is 3-4/10. Least pain is 3/10. His worst pain is 6-7/10. His grip strength is less on the left vs. right. There is a 1/8/14 document that states that the patient returns noting some improvement in symptoms occurring about the right forearm. He describes minimal symptoms occurring about the right proximal extensor area, slight symptoms occurring about the proximal flexor area and moderate symptoms occurring about the more posterior aspect overlying the cubital tunnel associated with episodic tingling sensation into the ulnar digits. The patient has been wearing an upper extremity splint for nighttime use. Patient states right elbow medial flexor glucocorticoid injection given 12/12/2013 provided good pain relief. The patient continues to attend physical therapy with good progress. Patient continues to work on modified duties. On examination of the right forearm: There is no deformity. Minimal non localized tenderness occurring about the anterior aspect of the extensor burgeon and 1 fingerbreadth distal. Localized pain occurring at the distal aspect of the medial upper condyle. Localized pain occurring along the course of the

ulnar nerve through the cubital tunnel. Positive Tinel's. No gross subluxation with active flexion, Distal intrinsic 5/5. Sensory testing is normal. The treatment plan states that the patient continues to demonstrate improvement with glucocorticoid injection treatment and certified hand therapy. His ulnar symptoms consistent with cubital tunnel syndrome had increased since his prior visit. The plan was to discontinue the nighttime extension splint and returned to use the Arthropad to decrease pressure over the area. The patient agrees to right cubital tunnel injection with Xylocaine/Depo-Medrol. Work restrictions were again provided and are unchanged from those previously written. There was a recommendation for continuation of therapy 2 to times a week x 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL OCCUPATIONAL THERAPY SESSIONS 2 X 4 TO THE ELBOW/FOREARM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99. Decision based on Non-MTUS Citation ODG Elbow: Physical Therapy (updated 5/7/13).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 18-19., Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow-Physical therapy.

Decision rationale: Additional occupational therapy sessions 2 x 4 to the elbow/forearm are not medically necessary per the MTUS and ODG guidelines. The documentation indicates that the patient has diagnoses of right elbow sprain/lateral and medial epicondylitis and cubital tunnel syndrome. The documentation indicates that the patient has had 24 total (PT and OT) visits for his elbow. The documentation indicates that the patient began having symptoms of ulnar neuritis and had an injection for this on 1/8/14. The ACOEM MTUS guidelines state that there are no quality studies on which to rely for treatment of ulnar neuropathies. The MTUS guidelines recommend a fading of frequency of therapy to a self directed home exercise program. The ODG states that the patient can get up to 9 visits for elbow sprain; and 8 visits for medial and lateral epicondylitis. The documentation indicates that the patient has had 24 sessions of therapy. At this point he should be active in self directed home exercise program. There are no extenuating circumstances that would require a formal physical therapy program. The request for additional occupational therapy sessions 2 x 4 to the elbow/forearm is not medically necessary.