

Case Number:	CM14-0019542		
Date Assigned:	03/05/2014	Date of Injury:	02/15/2012
Decision Date:	05/28/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/10/2014

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 Pain 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 injured worker is a 43-year-old female who reported injury on 02/15/2012. The specified mechanism of injury was not provided. The clinical documentation indicated the injured worker underwent a right carpal tunnel release on 06/06/2013. The injured worker had 5 sessions of postoperative physical therapy. The documentation of 01/09/2014 revealed the injured worker had tenderness to palpation in the volar wrist and thenar. The injured worker had a positive Tinel's sign and numbness and tingling in the fourth and fifth digits of the left hand. There was moderate tenderness to palpation in the volar wrist and no atrophy was noted. The diagnosis included left medial epicondylitis. The request was for occupational therapy for bilateral wrists and left elbow twice a week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

OCCUPATIONAL THERAPY TWICE A WEEK FOR FOUR WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

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

Decision rationale: The California MTUS Guidelines recommend physical medicine treatment for myalgia and myositis. However, as the request was specifically for the wrists and elbow, secondary guidelines were sought. The Official Disability Guidelines indicate that the treatment for sprains and strains of the elbow and forearm and sprains and strains of the wrist and hand are 9 visits over 8 weeks. Additionally, patients should be formally assessed after a 6 visit clinical trial to see if the patient is moving in a positive direction, no direction, or a negative direction prior to continuing with physical therapy and when treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. Guidelines also state that physical therapy treatment for Medial epicondylitis is 8 visits over 5 weeks. In this case, the clinical documentation submitted for review indicated the injured worker had 5 sessions of postoperative physical therapy for the right wrist. There was a lack of documentation indicating remaining objective functional deficits and objective functional gains that were made through the physical therapy. Additionally, there was a lack of documentation indicating the injured worker had objective functional deficits of the left wrist and the elbow. Furthermore, the requested therapy would be excessive. The request for occupational therapy twice a week for four weeks is not medically necessary and appropriate.