

Case Number:	CM14-0111010		
Date Assigned:	08/01/2014	Date of Injury:	03/20/2013
Decision Date:	11/06/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/16/2014

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 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 37 year-old female with a date of injury of March 20, 2013. She is diagnosed with (a) bilateral lateral epicondylitis and (b) bilateral cubital tunnel syndrome per electromyography/nerve conduction velocity studies dated January 6, 2014. Per the qualified medical exam report dated April 7, 2014, the injured worker has been attending occupational therapy for hand treatment since May 2013 through July 2013. The medical report dated May 19, 2014 showed that she continued to have symptoms to the bilateral elbows, forearms and hands. Objective findings revealed tenderness over the ulnar nerve proximal to the elbow and a positive Tinel's sign proximal to the medial epicondyle over the ulnar nerve. The injured worker had her occupational therapy resumed on June 3, 2014. Per medical records dated June 9, 2014, she continued to have persistent ulnar nerve symptoms, left greater than right. It is indicated that she had undergone two additional therapy sessions. On examination, she was noted positive for Tinel's sign over the ulnar nerve, distal to the epicondyle as well as bilateral ulnar nerve subluxation with elbow flexion. She reported gradual improvement of her symptoms on June 30, 2014. Objective findings revealed significant tenderness and muscle tenderness over the right extensor forearm to the epicondyle primarily on the left, increased bilateral elbow discomfort with resisted extension, diminished grip strength, and markedly positive Tinel's sign on both ulnar nerves at the humeral sulcus to the cubital tunnel. The injured worker has returned to full-duty work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy six additional visits.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Code of Regulations, Ti.

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

Decision rationale: Based on the available medical records, the injured worker has been attending occupational therapy since 2013. She also had two additional sessions in June 2014. However, the total number of occupational therapy sessions she already completed was not clearly specified in the records. In addition, it is unclear why a home exercise program would not be appropriate as an extension of her treatment considering the gradual improvement she had obtained and knowing that she already had returned to full-time work. Evidence-based guidelines indicate that, as an extension of the treatment process, injured workers are instructed and expected to continue active therapies at home to maintain improvement levels. For these reasons, the medical necessity of the requested additional six visits of occupational therapy is not established.