

Case Number:	CM14-0113581		
Date Assigned:	09/16/2014	Date of Injury:	12/07/2009
Decision Date:	11/21/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/21/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 58-year old female who was injured on 12/7/2009. She was diagnosed with Mononeuritis of upper left limb and Mononeuritis multiplex, left thoracic outlet syndrome with compression in the median and radial nerves, carpal tunnel syndrome, brachial plexopathy, neck pain, and shoulder pain. She was treated with medications, surgery (internal Neurolysis of radial and posterior intraosseous nerves and decompression of the median nerves bilateral elbows, 3/12/2013), occupational therapy (20 sessions), acupuncture, and physical therapy (24 sessions). On 4/15/2014, the worker was seen by her surgeon for a re-examination reporting gradual improvement in strength and sensation in her left hand while continuing occupational therapy. Physical examination revealed 4+/5 strength of the left finger flexors and intrinsic muscles of the left hand, normal sensation of left hand, and reduced deep tendon reflexes in left arm. She was then recommended to continue her medications which included tramadol, Soma, ibuprofen, and Neurontin. She was also recommended to continue her occupational therapy. Later, on 5/13/2014, the worker reported completing her additional 6 sessions of occupational therapy with functional improvement in regards to strength and sensation in her left hand. However, she continued to experience tingling in her left hand (ulnar distribution). She reported performing the home exercises taught to her by the occupational therapist. Physical examination revealed left arm/hand 4/5 strength, fifth finger tingling, and reduced deep tendon reflexes. Later, on 6/5/14, she was recommended to continue occupational therapy for another 6 supervised treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Occupational therapy visits for the left elbow 2 visits per week for 3 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 25-31, Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines Page(s): 16.

Decision rationale: The MTUS guidelines mentions in the Elbow chapter of the ACOEM that physical therapy may be used initially for elbow injuries, as long as clinical improvement is seen after the first 2-3 visits. The MTUS Post-surgical Treatment Guidelines for Cubital tunnel release state that up to 20 sessions of supervised physical therapy over 3 months, with an overall treatment period of 6 months. In the case of this worker, there seemed to be some reported benefit from her occupational therapy sessions combined with her home exercises, however, she had already completed well over the generally recommended number of supervised sessions. At this point, rather than continuing her supervised sessions, it seems more appropriate to focus on her home exercises and monitor her continual improvements. Also, there was no specific functional improvements listed following her most recent occupational therapy sessions, nor was there any significant improvement but rather worsening on her most recent physical examination. Therefore, the 6 additional physical therapy sessions are not medically necessary.