

Case Number:	CM14-0116464		
Date Assigned:	08/04/2014	Date of Injury:	10/23/2012
Decision Date:	09/10/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/24/2014

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 36 year old male who reported an injury on 10/23/2012. The mechanism of injury was not provided for clinical review. The diagnoses included carpal tunnel syndrome, chronic C6-C7 radiculopathy, cubital tunnel syndrome, epicondylitis lateral, impingement syndrome, and cervical radiculopathy. The previous treatments included physical therapy and injections. Diagnostic testing included an EMG and an MRI. Within the clinical note dated 04/21/2014, it was reported the injured worker complained of left arm pain. Upon physical examination, the provider noted neck tenderness to palpation within the left shoulder, subacromial region, tenderness to palpation over the left elbow lateral epicondyle, as well as tenderness along the proximal aspect of the mobile quad and extensor tendons. The provider noted the left shoulder range of motion was full with pain at extreme ranges of motion. The injured worker had a negative Tenel's over the carpal tunnel. The request submitted is for additional occupational therapy 2x 6 for the left elbow. The request for authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Occupational Therapy 2 X 6 for left elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 595.

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

Decision rationale: The MTUS Chronic Pain Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, and range of motion. The MTUS Chronic Pain Guidelines allow for a fading of treatment frequency, plus active self-directed home physical medicine. The MTUS Chronic Pain Guidelines note for neuralgia and myalgia, 8 to 10 visits of physical therapy are recommended. There is a lack of documentation indicating the injured worker's prior course of physical therapy, as well as the efficacy of the prior therapy. The group sessions the injured worker has undergone were not provided for clinical review. There was lack of documentation indicating the injured worker had decreased functional ability or decreased flexibility. Additionally, the number of sessions requested exceeds the MTUS Chronic Pain Guidelines' recommendation of 8 to 10 visits. As such, the request is not medically necessary and appropriate.