

Case Number:	CM14-0121590		
Date Assigned:	08/06/2014	Date of Injury:	01/05/2009
Decision Date:	09/11/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/31/2014

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 Occupational 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:

According to the available documents, this patient is a 49-year-old woman who was injured on 1/5/09 due to repetitive work. Multiple previous surgeries included 7/13/11 arthroscopic debridement of left wrist, partial meniscectomy of the left TFCC (Triangular Fibro Cartilage Complex). 1/15/13 surgery was a revision left carpal tunnel release, neurolysis of left median nerve and a flap for coverage of the median nerve. 11/12/13 there was a right carpal tunnel release and right ulnar nerve decompression at the wrist. On 3/10/10 there were surgeries to the left medial and lateral epicondyles, repair of extensor aponeurosis. Requested is an additional 12 occupational therapy sessions for medial epicondylitis. Submitted documents from the physical therapy network 3/20/14 indicated that the patient has had 38 visits and had another 12 visits were authorized for treatment of the lower arm/wrist. She was 1st seen for therapy on 6/31/13 and last therapy at that time was on 3/24/14. There have been multiple previous diagnostic tests as well. The orthopedist requested an additional 12 Occupational Therapy sessions and a corticosteroid injection 4/8/14. A 5/20/14 report indicated there was only temporary relief from the injection. Patient had not started therapy. The requesting 6/24/14 report indicates that she was having pain in the right elbow that was improving with therapy. On the right there was slight medial epicondylar tenderness. Mild lateral epicondyle tenderness. Mild tenderness over the right carpal tunnel scar. Tinel sign was equivocal at the carpal tunnels bilaterally. Phalen's is negative and grip strength was diminished. Diagnoses were right medial epicondylitis, trapezial and parascapular strain, bilateral forearm tendinitis, right lateral epicondylitis, status post right carpal tunnel release and ulnar nerve decompression at the wrist. Status post revision carpal tunnel release with hypo thenar flap. Status post left wrist arthroscopy with synovectomy and debridement of TFCC (Triangular Fibro Cartilage Complex) tear. Status post left medial and lateral epicondylar repairs. Physical Therapy twice a week for 6 weeks to work on stretching,

modalities and strengthening was requested. She was to continue non-steroidal anti-inflammatory medications and lotions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional twelve (12) occupational therapy sessions for medial epicondylitis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chronic Pain Treatment Guidelines Physical Medicine, Physical Medicine Guidelines Page(s): 98-99.

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

Decision rationale: This patient is long past the postsurgical physical medicine time periods for the multiple surgeries and MTUS chronic pain guidelines apply. She just got certified for an additional 12 sessions as of 3/34/14 which she was going to per the requesting document. There is evidence of subjective improvement but no clear evidence of any functional improvement. By now, the patient should be well-versed in an independent home rehabilitation program and able to transition onto self-treatment of her chronic pain. In the treatment of chronic pain MTUS guidelines support 8-10 visits for flare-ups of myalgia, myositis, neuralgia, neuritis and radiculitis. Additional Physical Therapy beyond guidelines is not supported by the medical records documentation rationale. Therefore based on the evidence and guidelines, the request for additional twelve (12) occupational therapy sessions for medial epicondylitis is not medically necessary and appropriate.