

Case Number:	CM14-0123200		
Date Assigned:	08/08/2014	Date of Injury:	09/23/2011
Decision Date:	10/09/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/04/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 41-year-old female who reported an injury on 09/23/2011. The mechanism of injury was not provided. On 06/02/2014, the injured worker presented with excruciating pain in the right lateral elbow. The diagnoses were carpal tunnel syndrome and lateral epicondylitis. Upon examination, there was a well healed bilateral carpal tunnel surgical scar with a negative Tinel's and negative Phalen's. There was tenderness to palpation to the right lateral elbow, extensor muscles in forearm. The previous MRI revealed mild tendinosis to the both flexor and extensor tendons with no tearing. Prior therapy included surgery. The provider recommended occupational therapy to the right elbow times 8. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy (OT) to right elbow x 8: Upheld

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

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

Decision rationale: The California MTUS state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There is lack of documentation indicating the injured worker's prior course of occupational therapy, as well as the efficacy of the prior occupational therapy. The guidelines recommend up to 10 visits and the amount of the occupational therapy visits the injured worker underwent was not provided. There are no significant barriers to transitioning the injured worker to an independent home exercise program. As such, medical necessity has not been established.