

Case Number:	CM14-0126214		
Date Assigned:	08/13/2014	Date of Injury:	08/21/2013
Decision Date:	09/15/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/08/2014

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 40-year-old female with a reported date of injury on 08/21/2013. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include status post right cubital tunnel release and ulnar nerve decompression at the wrist, left cubital tunnel syndrome, bilateral medial epicondylitis, right lateral epicondylitis, bilateral forearm tendinitis, trapezial and paracervical strain, and left shoulder impingement. Her previous treatments were noted to include physical therapy, surgery, and medications. The physical therapy progress note dated 07/02/2014 revealed the injured worker complained of pain and stiffness in the elbow with range of motion and she felt heaviness and weakness in her arm. The injured worker reported she was no longer having any numbness and tingling to the hands and fingers. The functional gains noted improved ease with daily tasks such as brushing hair and washing dishes and difficulty lifting objects greater than 5 pounds to 10 pounds. The range of motion for the right wrist improved from 68 degrees to 70 degrees, flexion remained the same at 70 degrees, radial deviation remained the same at 20 degrees, and ulnar deviation improved from 25 degrees to 45 degrees. The active range of motion to the right elbow improved from 0 degrees to 10 degrees for extension, flexion improved from 135 degrees to 140 degrees, supination decreased from 90 degrees to 80 degrees, and pronation decreased from 85 degrees to 75 degrees. The physical therapist noted the injured worker complained of pain in her elbow and palm with use and she had a decrease in the active range of motion for the shoulder, elbow, wrist, and hand. The progress note dated 07/17/2014 revealed the injured worker reported the pain in her hands and arms was improving with physical therapy; however, she continued to have pain to the left shoulder. The physical examination revealed a positive impingement sign of the left shoulder and a positive Tinel's signs and elbow flexion test at the left cubital tunnel. The Tinel's sign was positive at the left carpal tunnel and negative on the right. The physician

reported the injured worker improved slightly with therapy and that she should continue with occupational therapy twice a week for the next 6 weeks to work on stretching, modalities, and strengthening. The Request for Authorization Form was not submitted within the medical records. The request was for occupational therapy 2 times a week for the right wrist and right elbow to work on stretching, modalities, and strengthening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) OT (Occupational Therapy) visits for right wrist and right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.99.

Decision rationale: The injured worker has completed previous 22 sessions of physical therapy with decreased range of motion. The California Chronic Pain Medical Treatment Guidelines recommend active therapy 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. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The guidelines recommend, for myalgia and myositis, 9 visits to 10 visits over 8 weeks. The injured worker has completed a previous 22 sessions of physical therapy with minimal quantifiable objective functional improvements. The physical therapist raised concerns of the injured worker having decreased her range of motion instead of improving. The documentation provided gave current measurable objective functional deficits and quantifiable objective functional improvements with the previous 22 sessions of physical therapy; however, the injured worker's range of motion has decreased instead of improved. Additionally, the request for 12 sessions of occupational therapy exceeds guideline recommendations. Therefore, the request of twelve (12) OT (Occupational Therapy) visits for right wrist and right elbow is not medically necessary and appropriate.