

Case Number:	CM14-0137437		
Date Assigned:	09/05/2014	Date of Injury:	10/01/2003
Decision Date:	10/02/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/25/2014

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 Orthopedic Surgery 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:

This is a 46-year-old female who sustained a vocational injury on 10/1/13 and subsequently underwent a right lateral epicondyle debridement and radial tunnel release on 4/9/14. The medical records provided for review also document that the claimant has been treated for right volar ganglion cyst and pain in the olecranon process. The office note dated 8/5/14 documents improvement in her elbow pain with use of an elbow sleeve and avoidance of leaning on her elbow. Physical; examination revealed decreased tenderness of the olecranon process. The previous office visit of 7/21/14 documented that the claimant was no longer having pain radiating to the dorsum of the wrist but reported diffuse muscle pain consistent with deconditioning. She reported gradual improvement in her lateral epicondyle symptoms with significant pain at the olecranon bursa. She had no change in her symptoms or exam of the volar ganglion cyst. On examination it was documented that the incision was healed with no tenderness at the radial tunnel but there was significant tenderness with no fluid accumulation at the olecranon bursa. In review of the physical therapy note dated 7/3/14, it was noted that the claimant was authorized for twelve postoperative occupational therapy sessions but that the 07/03/14 visit was the sixth visit. She complained of soreness in the forearm as well as pain traveling upward in the arm. There were no abnormal physical exam objective findings or objective measurements presented for review. This review is for additional certified hand therapy times twelve sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Certified Hand Therapy Qty. 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The California Post-Surgical Treatment Guidelines note that the medical necessity for post-surgical physical medicine treatment for any given patient is dependent on, but not limited to, such factors as comorbid medical conditions, prior pathology, and/or surgery involving the same body part, nature, number, and complexity of the surgical procedure undertaken, present surgical complications of the claimant's essential work functions. If post-surgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, subsequent course of therapy shall be prescribed with the parameters of the general course of therapy applicable to the specific surgery. California MTUS Post-Surgical Rehabilitation Guidelines support twelve visits over twelve weeks for lateral epicondylitis. There is no specific recommendation for radial tunnel release; however, carpal tunnel release is approved for three to eight visits and ulnar nerve entrapment twenty visits over ten weeks. The documentation presented for review fails to establish that the claimant has made significant progress with regard to improvement of functional status, vocational activities, and overall generalized activities prior to considering or recommending additional therapy. There is a lack of documentation as to barriers in place as to why the claimant cannot proceed to transition to a home exercise program. Documentation suggests that the claimant was authorized for twelve visits of postoperative physical/occupational therapy. However, a most recent therapy note available for review is from the sixth session. It would be pertinent to know how the claimant responded to the second set of six therapy sessions prior to considering or recommending additional sessions. An additional twelve sessions of hand therapy would bring the total to 24 sessions of therapy which would exceed California Post-Surgical Treatment Guidelines. Based on the documentation presented for review and in accordance with California Post-Surgical Treatment Guidelines, the request for an additional twelve sessions of hand therapy cannot be considered medically necessary as the documentation in the records does not support this claimant would be an exception to the standard guideline treatment.