

Case Number:	CM14-0152660		
Date Assigned:	09/22/2014	Date of Injury:	08/08/2013
Decision Date:	10/22/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/18/2014

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 Family Practice 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 male patient who reported an industrial injury on 8/8/2013, over two (2) years ago, attributed to the performance of his usual and customary job tasks reported as lifting garbage bins and throwing them into a container resulting in left elbow pain. The patient was noted to complain of elbow pain. The patient was documented to have received a total of 36 sessions of physical therapy and 12 sessions of occupational therapy directed to the left upper extremity. The patient received a corticosteroid injection to the left thumb and reported that the left thumb pain resolved. The MRI of the left elbow dated 2/19/2014, demonstrated evidence of tendinosis of the common extensor tendon with high-grade undersurface signal suggesting some tendon disruption. The patient underwent left elbow surgical intervention on for/3/2014, consisting of an excision of scar tissue surrounding the lateral epicondyles. It was reported that the postoperative Occupational Therapy was not helpful. A second surgical intervention was being contemplated. The patient was diagnosed with persistent lateral elbow pain with common extensor tendinosis and possible undersurface disruption following open debridement and Aponeurosis repair. The patient declined additional surgical intervention and was established as permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy three times a week for two weeks for the left hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, and hand complaints PT/OT;

Decision rationale: The patient that has been documented has received prior sessions of physical therapy/occupational therapy for the stated diagnoses of LUE pain issues, including the left elbow pre and post operatively, attributed to the cited diagnoses and exceeded the number recommended by evidence-based guidelines. There is no evidence that the patient is participating in a self-directed home exercise program. There is no objective evidence documented by on physical examination that demonstrates the medical necessity of additional PT over the participation of the patient in HEP. The request for 3x2 additional sessions of PT directed to the hand as opposed to a self-directed home exercise program is not supported with objective evidence to demonstrate medical necessity. The patient is not demonstrated to have any weakness or muscle atrophy to the left hand. The patient is permanent and stationary. The medical documentation is directed towards the left elbow with objective findings documented; however, there were no objective findings documented to the left hand or wrist. The Official Disability Guidelines/MTUS recommend up to nine (9) sessions of physical therapy for wrist strains over 8 weeks and up to 12 sessions over 8 weeks for de Quervain's tenosynovitis with integration into a home exercise program. The recommended number of sessions of physical therapy for CTS is 3-5 sessions with integration into a self-directed home exercise program. There is insufficient evidence or subjective/objective findings on physical examination provided to support the medical necessity of an additional number of sessions of physical therapy beyond the number recommended by the CA MTUS and the Official Disability Guidelines for treatment of the left wrist and hand. The medical records document that the patient has improved significantly with the previously authorized physical therapy and should be integrated into a self-directed home exercise program. The medical necessity of additional sessions is not supported in the provided clinical documentation as opposed to participating in a home exercise program for conditioning and strengthening. The hand/upper extremity exercises learned in physical therapy should be integrated into a self-directed home exercise program. There is no medical necessity for an additional 3x2 sessions of PT over two (2) years after the DOI.