

Case Number:	CM14-0160571		
Date Assigned:	10/06/2014	Date of Injury:	12/12/2012
Decision Date:	11/24/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/30/2014

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 Internal Medicine and is licensed to practice in Virginia. 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 63 year old patient who sustained injury on Dec 12 2012. He had an EMG on May 20 2014 which showed slight to moderate right ulnar neuropathy and was noted to have moderate bilateral L5-S2 nerve root compression. He sustained injury and developed right lateral epicondylitis. He was also found to have elbow sprain and tenosynovitis, right wrist sprain and tenosynovitis. He had surgical intervention and had improvement. [REDACTED] saw the patient and recommended additional occupational therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Additional Occupational Therapy for the Right Elbow for 2 times a week for 6 weeks as an Outpatient: 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 9792 Page(s): 18.

Decision rationale: Per MTUS, for Forearm, Wrist, & Hand (Not including Carpal Tunnel Syndrome -see separate post surgical guideline.) Used after surgery and amputation. During immobilization, there was weak evidence of improved hand function in the short term, but not in

the longer term, for early occupational therapy, and of a lack of differences in outcome between supervised and unsupervised exercises. Post-immobilization, there was weak evidence of a lack of clinically significant differences in outcome in patients receiving formal rehabilitation therapy, passive mobilization or whirlpool immersion compared with no intervention. There was weak evidence of a short-term benefit of continuous passive motion (post external fixation), intermittent pneumatic compression and ultrasound. There was weak evidence of better short-term hand function in patients given therapy than in those given instructions for home exercises by a surgeon. (Handoll-Cochrane, 2002) (Handoll-Cochrane, 2006). Per MTUS guidelines, additional occupational therapy sessions would not serve any extra benefit and would not be recommended.