

Case Number:	CM14-0163594		
Date Assigned:	10/08/2014	Date of Injury:	01/28/2010
Decision Date:	11/18/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/06/2014

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 Occupational Medicine 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 patient is a 50-year-old female who developed chronic upper extremity problems subsequent to an injury dated 1/28/10. She has undergone numerous procedures including shoulder decompression, biceps tenolysis and labral debridement on 7/18/13. On 6/5/14 she had additional surgery which included left sided carpal tunnel release and left lateral epicondylar debridement and decortication (Nirschl procedure). She has had a complicated post-operative course with persistent pillar pain status post carpal tunnel release. She started on physical therapy 8/1/14 and 8 sessions were completed. An additional 8 sessions are requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy for the left upper extremity, 2 times a week for 4 weeks (8 sessions total): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 7 and 98-99.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16-17.

Decision rationale: MTUS Postsurgical Treatment Guidelines support up to 12 sessions of post-operative therapy for lateral epicondyle release and up to 8 sessions of post-operative therapy for

carpal tunnel release. This patient has had 8 sessions for both post-operative conditions. Up to 4 additional sessions are guideline-recommended for the elbow, and it would be reasonable to complete the guideline-recommended amounts before requesting additional therapy with specific justification. The request for an additional 8 sessions exceeds guideline recommendations. There are no unusual circumstances to justify an exception to the guideline recommendations. The request for 8 additional sessions is not medically necessary.