

Case Number:	CM14-0167823		
Date Assigned:	10/23/2014	Date of Injury:	11/16/2005
Decision Date:	11/21/2014	UR Denial Date:	09/06/2014
Priority:	Standard	Application Received:	10/13/2014

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 59-year-old female who reported an injury on 11/16/2005. The mechanism of injury was not submitted for review. The injured worker has diagnoses of status post right cubital tunnel release, status post right medial epicondyle repair, status post right lateral epicondyle repair, right radial tunnel syndrome, and resolved bilateral carpal tunnel syndrome. Past medical treatment consists of surgery, the use of a TENS unit, occupational therapy, and medication therapy. Medications are tramadol ER and Norco. On 10/07/2014, the injured worker complained of persistent pain and swelling in the right elbow which radiated into the small finger. On occupational therapy summary, dated 09/30/2014, it was noted that the injured worker rated her pain at 6/10 to 9/10. Range of motion of the right elbow revealed an extension of -10, flexion of 140 degrees, supination of 87 degrees, and pronation of 70 degrees. It was noted that there were no changes from previous findings of last examination. There was tenderness to palpation over the elbow region. It was also noted on the progress note that there was decreased functional status, and decreased strength of the arm and hand. It was noted that, to date, the injured worker has completed 38 visits of occupational therapy. The medical treatment plan is for the injured worker to continue with occupational therapy 2 times a week for an additional 6 weeks to the right elbow. The provider feels that the injured worker requires continued treatments. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy 2x week for 6 weeks for the right elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for Occupational therapy 2x week for 6 weeks for the right elbow is not medically necessary. The California MTUS state that active therapy is 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. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Guidelines recommend for postsurgical treatment: 20 visits over 6 weeks for Median Nerve Repair. It was noted in the submitted documentation that the injured worker had undergone 38 occupational therapy visits to date. It was also noted that there was no difference in range of motion from most recent visit to previous visit. Additionally, it was documented that the injured worker still had decreased functional status and strength of the arm. The purpose of occupational therapy is for restoring flexibility, strength, endurance, function, range of motion, and to alleviate discomfort. There was no indication within the submitted documentation that the occupational therapy was helping with any functional deficits. Furthermore, there was no indication as to why a home exercise program would not be sufficient for the injured worker. The MTUS guidelines recommend a total of 20 visits over a period of 6 weeks for median nerve repair; the request for an additional 12 sessions exceeds the recommended guidelines. Given the above, the injured worker is not within MTUS recommended guidelines. As such, the request is not medically necessary.