

Case Number:	CM14-0020438		
Date Assigned:	04/30/2014	Date of Injury:	03/05/2012
Decision Date:	07/08/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/19/2014

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 Texas. 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 42-year-old male who reported an injury on 03/05/2012 due to cumulative trauma. The injured worker's treatment history included corticosteroid injections, carpal tunnel release of the right hand in 03/2013, left carpal tunnel release in 06/2013, and right elbow surgery in 10/2013. It was documented that the injured worker has participated in extensive physical therapy. Physical findings included right and left hands were normal with no evidence of swelling or atrophy. It was noted that the injured worker had full right wrist range of motion and tenderness in the right lateral epicondyle, full range of motion. The injured worker's diagnoses included lateral epicondylitis and carpal tunnel syndrome. The injured worker's treatment plan included physical therapy for the right elbow and the use of a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

OCCUPATIONAL THERAPY 2 TIMES A WEEK FOR 4 WEEKS FOR THE RIGHT ELBOW: Upheld

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

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

Decision rationale: California Medical Treatment Utilization Schedule recommends that injured workers be transitioned into a home exercise program to maintain improvement levels obtained during skilled physical therapy. The clinical documentation submitted for review does indicate that the injured worker has already completed 12 visits of physical therapy for this injury. There is no documentation to preclude further progress of the patient while participating in a home exercise program. As such, the requested occupational therapy 2 times a week for 4 weeks for right elbow is not medically necessary or appropriate.