

Case Number:	CM14-0023630		
Date Assigned:	05/14/2014	Date of Injury:	04/16/2012
Decision Date:	07/19/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/24/2014

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:

The patient is a 44-year-old female who has submitted a claim for chronic regional pain syndrome of the right elbow, associated with an industrial injury date of 04/16/2012. The medical records from 06/06/2012 to 09/11/2013 were reviewed and showed that the patient complained of sharp, stabbing right elbow pain grading 7-9/10 that radiated to the right wrist. There was associated weakness and numbness. The pain was reproduced with repetitive movements of her job such as stamping and closing gates. A physical examination revealed tenderness over the right elbow. There was no pain with resisted wrist flexion or extension. Full range of motion (ROM) of the right elbow was noted. The Tinel's test was negative. An X-ray of the right elbow (May 31, 2013) revealed no acute or chronic bony abnormalities. An MRI of the right elbow (December 21, 2012) suggested ulnar neuritis. The treatment to date has included 12 completed visits of physical therapy, Home Exercise program, Ultram 50mg, and Voltaren cream. There is no documentation of medical necessity for occupational therapy in addition to physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

OCCUPATIONAL THERAPY TWO TIMES A WEEK FOR FOUR WEEKS, RIGHT ELBOW, RIGHT WRIST QUANTITY: 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow, Sprains and Strains of Elbow and Forearm.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, Sprains and Strains of Elbow and Forearm.

Decision rationale: According to the California MTUS, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Moreover, physical medicine guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. The Official Disability Guidelines (ODG) recommends 9 visits over 8 weeks for medial sprains and strains of elbow and forearm. In this case, the patient has already completed 12 visits of physical therapy with no objective evidence of significant improvement. Objective findings only revealed tenderness over the right elbow. There was no exceptional factor noted that require additional physical therapy. Moreover, the patient was expected to continue independent home-based exercises in order to maintain improvement levels. Therefore, the request for physical therapy (PT) for the right elbow is not medically necessary.