

Case Number:	CM14-0028413		
Date Assigned:	06/20/2014	Date of Injury:	11/15/2012
Decision Date:	07/17/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/06/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas and New York. 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 24-year-old male, who reported an injury from repetitive job activities. The injured worker had a history of pain to the bilateral elbows, bilateral hands/wrist and bilateral shoulder pain with a diagnosis of right elbow lateral epicondylitis, right elbow/ forearm sprain /strain, right wrist ganglion cyst and right index finger mass surgical excision. The electrodiagnostic studies showed no entrapment of neuropathy on the right median, ulnar, and radial nerves, no evidence to support radiculopathy to the upper right extremity. The chart note dated 03/11/2014 revealed range of motion to the right elbow and forearms with flexion of 140 degrees and extension 0 degrees. The injured worker had completed four (4) out of six (6) occupational therapy sessions that was effective in increasing range of motion and decreasing pain. The treatment plan for the future includes over the counter, non-steroidal anti-inflammatory drugs as necessary. The authorization form dated 11/25/2013 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) SESSIONS OF OCCUPATIONAL THERAPY TREATMENT TO THE RIGHT ELBOW TWO (2) TIMES A WEEK FOR SIX (6) WEEKS: 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 Chronic pain programs (functional restoration program); Physical medicine Page(s): 30, 98.

Decision rationale: The Chronic Pain Guidelines recommend programs with proven successful outcomes, for the injured worker with conditions that put them at risk of delayed work. The injured worker should be motivated to improve and return to work and also meet the criteria below. The Guidelines also indicate 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. The documentation provided indicated that the injured worker only completes four (4) of the six (6) sessions of occupational therapy. The chart notes also indicate that the injured worker should be able to perform his usual and customary duties using over the counter pain relievers as needed. As such the request for twelve (12) additional sessions of occupational therapy for the right elbow is not medically necessary.