

Case Number:	CM14-0030294		
Date Assigned:	06/20/2014	Date of Injury:	02/04/2010
Decision Date:	07/29/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/10/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 56-year-old female with a reported date of injury on 02/04/2010. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include right elbow medial and lateral epicondylitis with exacerbation from new industrial injury and right radial tunnel syndrome. Her previous treatments were noted to include surgeries, medications, and occupational therapy. The progress note dated 02/17/2014 reported the injured worker complained of pain to the right lateral elbow and proximal radial forearm. The injured worker denied any numbness or tingling and had some radiating pain down to her right hand and wrist. The physical examination revealed mild to moderate tenderness to the right elbow lateral epicondyle, moderate right radial tunnel tenderness, and full range of motion in all digits, right hand, wrist, and elbow. There was mild swelling noted at the right proximal radial forearm and lateral elbow and the sensory and motor exam were intact. The provider reported grip strength to the right hand was 30 degrees and left hand was 45 degrees. The request for authorization form was not submitted within the medical records. The request is for 1 counterforce strap for the right proximal forearm and 12 occupational therapy sessions; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Counterforce Strap right proximal forcarm: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 26.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 28.

Decision rationale: The request for 1 counterforce strap for the right proximal forearm is medically necessary. The injured worker has reported mild swelling and tenderness to the right elbow. The California MTUS/ACOEM Guidelines state there is insufficient evidence to support the use of brace/bands; however, they are recommended. The injured worker does have noted mild to moderate tenderness to the right elbow lateral epicondyle and right radial tunnel tenderness, as well as full range of motion and has received previous occupational therapy and medications. The elbow strap is warranted at this time. Therefore, the request is medically necessary.

12 Occupational Therapy Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 15.

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

Decision rationale: The request for 12 occupational therapy sessions is not medically necessary. The injured worker has received previous occupational therapy visits. The California Chronic Pain Medical Treatment Guidelines recommend active therapy 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. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual, and/or tactile instructions. The patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The guidelines recommend for myalgia and myositis 9 to 10 visits over 8 weeks. The injured worker has received previous occupational therapy; however, there is a lack of current measurable objective functional deficits, as well as quantifiable objective functional improvements from previous occupational therapy visits, as well as the number of sessions completed. Therefore, due to the lack of documentation regarding current measurable objective functional deficits and quantifiable objective functional improvements, as well as number of sessions completed the occupational therapy is not warranted at this time. Additionally, the request for 12 sessions of occupational therapy exceeds guideline's recommendation of 9 to 10 visits. Therefore, the request is not medically necessary.