

Case Number:	CM14-0039931		
Date Assigned:	06/27/2014	Date of Injury:	01/02/2012
Decision Date:	08/21/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	04/04/2014

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:

Patient is a 54-year-old female who has submitted a claim for synovitis, elbow sprain, lateral epicondylitis, left radial tunnel syndrome, and finger injury associated with an industrial injury date of 01/02/2012. Medical records from 2014 were reviewed. Patient complained of left elbow pain and weakness. Physical examination showed full range of motion. There was minimal radial tunnel tenderness and lateral epicondylar tenderness, left. Grip strength was diminished. Treatment to date has included left lateral elbow arthroscopy with synovectomy and left partial lateral epicondylectomy on 10/28/2013, post-operative physical therapy times 12 visits, and medications. Utilization review from 03/10/2014 modified the request for additional Occupational Therapy two times six for the left elbow into 4 sessions because patient had already completed an initial course of post-operative therapy to warrant an additional 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Occupational Therapy 2x6 left elbow: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 17.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Post-Surgical Treatment Guidelines recommend post-operative physical therapy for 12 visits over 12 weeks for lateral epicondylitis. In this case, patient underwent left lateral elbow arthrotomy with synovectomy and left partial lateral epicondylectomy on 10/28/2013. Patient completed post-operative physical therapy for 12 visits. The documented goals for additional physical therapy were: to promote stretching and strengthening exercises. However, it is unclear why patient cannot transition into a self-directed home exercise program to address residual deficits. There was no compelling rationale presented to certify additional visits since patient already completed the guideline recommended number of physical therapy sessions. Therefore, the request for additional Occupational Therapy two times six left elbow is not medically necessary.