

Case Number:	CM14-0049787		
Date Assigned:	07/07/2014	Date of Injury:	11/11/2009
Decision Date:	09/05/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/17/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic elbow, shoulder, and forearm pain reportedly associated with an industrial injury of November 11, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; earlier rotator cuff repair surgery in 2011; radial tunnel surgery in November 2013; unspecified amounts of physical therapy and occupational therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated March 31, 2014, the claims administrator partially certified a request for 12 sessions of occupational therapy as six sessions of the same. Despite the fact that the applicant was still within the six-month postsurgical physical medicine treatment period established in MTUS 9792.24.3.a.3 following radial tunnel surgery on November 14, 2013, the claims administrator nevertheless invoked non-MTUS ODG Guidelines on lateral epicondylitis in its partial certification. The claims administrator did not state how much prior postoperative occupational/physical therapy the applicant had had through that point in time. In a medical legal evaluation of October 6, 2013, the medical legal evaluator stated that he supported the applicant's pursuit of radial nerve release surgery for right radial nerve entrapment syndrome. In a March 20, 2014 handwritten work status report, the applicant was placed off of work, on total temporary disability, through May 16, 2014. On March 21, 2014, the applicant reported persistent burning pain and paresthesias about the forearm and lateral epicondyle following radial tunnel release surgery on November 14, 2013. A surgical scar was exhibited. Minimal tenderness noted. The applicant did exhibit some discomfort with range of motion testing, but motor strength was nevertheless grossly intact. 12 additional sessions of physical therapy were sought while the applicant was placed off of work, on total temporary disability. The applicant was still having difficulty performing food preparation and

household chores. The attending provider stated that he would therefore recommend additional treatment to improve the applicant's strength.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy 2x week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers' Compensation (TWC), Elbow Procedure Summary last updated 02/14/2014.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: As noted in MTUS 9792.24.3.a.3, the postsurgical physical medicine period is six months for applicants who undergo a surgery which is not specifically covered by the Guidelines. In this case, MTUS 9792.24.3 does not specifically address the topic of postsurgical treatment following radial tunnel release surgery. However, section 9792.24.3.c.4.b stipulates that postsurgical treatment shall be discontinued at any time during the postsurgical physical medicine period in cases where no functional improvement is demonstrated. Furthermore, MTUS 9792.24.3.c.4 states that an attending provider should gradually reduce or discontinue the frequency of visits as an applicant gains independence in management of symptoms and with achievement of functional goals. In this case, the applicant was approximately four months' removed from the date of radial tunnel release surgery of November 14, 2013 on the date the 12-session course of treatment was sought, on March 20, 2014. The applicant was placed off of work, on total temporary disability at that point in time, and was reporting difficulty performing even basic activities of daily living such as food preparation at home. The 12-session course of treatment proposed by the attending provider, thus, did not conform to MTUS parameters in the sense that there was no attempt made to try to reduce the frequency of treatment over time. MTUS 9792.20f further states that functional improvement can often be measured by diminishing work restrictions from visit to visit. In this case, the applicant's primary treating provider kept the applicant off of work, on total temporary disability, at the four and a half months mark of the date of surgery, suggesting a lack of functional improvement as defined in MTUS 9792.20f with prior unspecified amounts of occupational therapy through that point in time. Additional occupational therapy at the rate and frequency proposed by the attending provider was not, thus, indicated here. Therefore, the request is not medically necessary.