

Case Number:	CM14-0061380		
Date Assigned:	07/09/2014	Date of Injury:	05/13/2013
Decision Date:	09/08/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/02/2014

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:

This is a 44-year-old male with a 5/13/13 date of injury. The mechanism of injury was not noted. According to a 3/31/14 progress report, the patient is status post lateral epicondylitis debridement and repair surgery performed on 11/7/13. He has completed 12 visits of hand therapy since surgery. Overall he felt better, but he has a lot of pain when gripping with his left hand. He still had pain and muscle stiffness that travels down to his forearm. Objective findings: surgical incision site is healed nicely, no erythema or discharge, elbow full ROM, wrist ROM is normal, thumb and finger ROM is normal, light stroke sensory testing is normal. Diagnostic impression: lateral epicondylitis. Treatment to date: medication management, activity modification, hand therapy. A UR decision dated 4/18/14 denied the request for 12 occupational therapy visits for the left elbow. The patient is noted to be status post lateral epicondylitis surgery on 11/7/13 and has attended 12 post-operative OT visits to date. Furthermore, there was no documentation of exceptional indications for therapy extension and reasons why a prescribed independent home exercise program would be insufficient to address any remaining functional deficits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy 2 x week x 6 weeks to the left elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines X 9792.24.3 Postsurgical Treatment Guidelines.

Decision rationale: If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed with documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. According to the reports reviewed, the patient has completed 12 sessions of hand therapy, post lateral epicondylitis debridement and repair surgery performed on 11/7/13. According to CA MTUS postsurgical guidelines, a total of 10 physical therapy sessions is recommended over 4 months for lateral epicondylitis debridement. The patient has already completed more than the number of sessions supported by guidelines. It is unclear why the patient has not been able to transition to a home exercise program at this time. Therefore, the request for Occupational Therapy 2 x week x 6 weeks to the left elbow was not necessary.