

Case Number:	CM14-0076194		
Date Assigned:	07/16/2014	Date of Injury:	08/28/2006
Decision Date:	10/03/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	04/24/2014

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 Nevada. 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 records presented for review indicate that this 52 year-old individual was reportedly injured on 8/28/2006. The mechanism of injury is not listed. The most recent progress note, dated 4/10/2014, indicates that there are ongoing complaints of right elbow and wrist pain with numbness in the fingers. The physical examination demonstrated right upper extremity: slight tenderness over the ulnar nerve at the right elbow. Tinel's sign and elbow flexion test positive at the right cubital tunnel and negative on the left. Tinel's sign and Phalen's test are equivocal bilaterally. Decreased grip strength on the right in comparison contralateral side. No recent diagnostic studies are available for review. Previous treatment includes surgery to include carpal tunnel and cubital tunnel release, medications, and conservative treatment. A request had been made for occupational therapy 2 times a week for 6 weeks right wrist and right elbow and was not certified in the pre-authorization process on 4/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy two sessions per week for six weeks to the right elbow: Upheld

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

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

Decision rationale: MTUS guidelines support the use of physical therapy for the management of chronic pain specifically myalgia and radiculitis; and recommend a maximum of 10 visits. The claimant has chronic complaints of right elbow and wrist pain and review of the available medical records, fails to demonstrate an improvement in pain or function. The claimant underwent several postoperative sessions of functional restoration therapy and in the absence of clinical documentation to support an additional #12 visits, this request is not considered medically necessary.