

Case Number:	CM14-0076241		
Date Assigned:	07/16/2014	Date of Injury:	08/31/2011
Decision Date:	08/22/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/23/2014

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 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 patient is a 48 years old female with an injury date on 08/31/2011. Based on the 04/24/2014 progress report provided by [REDACTED], the diagnoses are: 1. Status post revision left cubital tunnel release with neurolysis and anterior submuscular transposition of the ulnar nerve. 2. Bilateral forearm tendonitis. 3. Status post right cubital tunnel release (different industrial injury) 4. Left shoulder impingement (different industrial injury) 5. Trapezial, paracervical, and parascapular strain (different industrial injury) According to this report, the patient complains of pain at the medial aspect of the left elbow with weakness. There was mild tenderness at the left trapezius, paracervical, parascapular muscle and the medial aspect of the bilateral elbow. The patient is status post right cubital tunnel release with anterior subcutaneous transposition of the ulnar nerve on 02/04/2014. Also, the patient is status post left cubital tunnel release with anterior subcutaneous transposition of the ulnar nerve on 10/29/2013. There were no other significant findings noted on this report. [REDACTED] is requesting occupational therapy two times a week for six weeks for the left elbow. The utilization review denied the request on 05/07/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 01/31/2013 to 06/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy Two Times a Week for Six Weeks to the Left Elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Postsurgical Treatment Guidelines.

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

Decision rationale: According to the 04/24/2014 report by [REDACTED] this patient presents with pain at the medial aspect of the left elbow with weakness. The patient is status post left and right cubital tunnel release. The patient is outside of post-surgical time-frame and for therapy treatments for the left elbow. The treater is requesting 12 sessions of occupational therapy for the left elbow for strengthening but the treating physician's report and request for authorization containing the request are not included in the file. The UR denial letter states the claimant has exceeded twenty-four physical therapy visits to date. Time-frame is not known. For physical medicine, the MTUS guidelines recommend for myalgia and myositis type symptoms 9-10 visits over 8 weeks. Review of the reports from 12/03/2013 to 04/30/2014 shows the patient has completed 17 post-op therapy sessions for the left elbow. There is no discussion regarding the patient's progress on any of the reports and what is to be achieved with additional therapy. No discussion is provided as to why the patient is not able to perform the necessary home exercises. Given that the patient already has had adequate therapy following post- surgery, the requested 12 sessions exceed what is recommended by MTUS. Recommendation is for denial.