

Case Number:	CM13-0028159		
Date Assigned:	11/22/2013	Date of Injury:	06/18/2011
Decision Date:	01/26/2015	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/23/2013

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 Rehab, has a subspecialty in Interventional Spine 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 46-year-old female with a date of injury of 06/18/2011. The listed diagnoses are: 1. Left elbow/wrist pain. 2. Status post left lateral epicondyle release. 3. Depression. The medical file provided for review does not indicate the patient's surgery date for the epicondyle release. According to progress report dated 07/06/2013, the patient presents with residual pain and weakness and swelling. The treating physician notes, "Unfortunately, the patient was only authorized for 4 more therapy sessions." Physical examination revealed grip strength by Jamar testing, "in pounds (average of 3) is as follows: right 50/40/50, left 30/20/30. There is well-preserved range of motion from 0 to 120 degrees." Residual tenderness and mild swelling was noted. The medical file provided for review includes two progress reports dated 06/01/2013 and 07/06/2013. This is a request for home exercise kit and postop physical therapy 3 x 4 weeks for the left shoulder. The utilization review denied the request on 08/26/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Exercise Kit: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter for exercises

Decision rationale: This patient presents with residual pain, weakness in the left wrist. The current request is for home exercise kit. The ACOEM, MTUS, and ODG Guidelines do not discuss Home Exercise Kits. ACOEM Guidelines state, "There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment patient programs that do not include exercise." The medical file provided for review indicates the patient is status post left lateral epicondyle release but the date of surgery is not included in the medical file. In this case the treating physician has requested a home exercise kit which may be quite helpful aiding the patient with home exercises following left elbow surgery. The ODG guidelines provide some support for exercise kits particularly for knee and shoulders. In this case the ACOEM guidelines recommend a home exercise program, the patient is status post left lateral epicondyle release and the patient has completed physical therapy and should be transitioned to a home exercise program and the physician feels that the home exercise kit will allow the transition to occur. The request is medically necessary.

Consult with a Psychiatrist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, 2nd edition: chapter 7, Independent Consultations , page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127, Consultation.

Decision rationale: This patient presents with continued pain in the left elbow/wrist. The current request is for Consultation with Psychiatrist. The Utilization review denied the request stating that "evaluation and treatment with a psychiatric for alleged depression is not supported with subjective/objective evidence to demonstrate medical necessity." ACOEM Practice Guidelines, Second Edition (2004), page 127 has the following, "The occupational health practitioner may refer to other specialist if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." In this case, the treating physician is concerned as the patient has continually noted that she is depressed. ACOEM supports referrals for speciality consultation when psychosocial factors are present. The request for Psychiatric consultation is medically necessary.

Additional Post-Op Physical Therapy 3x4 weeks Left Elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical therapy guidelines, Elbow.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Elbow & Upper Arm, Postsurgical Treatment Guidelines Page(s): 15-17.

Decision rationale: This patient presents with residual pain and weakness in the left elbow. The current request is for postop physical therapy 3 x 4 weeks left elbow. The medical file provided for review indicates the patient is status post left lateral epicondyle release but the date of surgery is not included in the medical file. The MTUS Guidelines recommends following surgery of the elbow, 20 postoperative physical therapy treatments. The number of completed postoperative physical therapy visits to date and the objective response to therapy were not documented in the medical reports. The utilization review indicates that the patient has participated in 16 postop sessions thus far. In this case, the treating physician's request for additional 12 with 16 already received exceeds what is recommended by MTUS. Furthermore, the treater provides no discussion as to why the patient is unable to transition into a self-directed home exercise program. The request for Post-Op Physical Therapy x12 sessions is not medical necessary.