

Case Number:	CM14-0190707		
Date Assigned:	01/27/2015	Date of Injury:	04/25/2014
Decision Date:	02/25/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/14/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials: State(s) of Licensure: California, Indiana, New York Certification(s)/Specialty: Internal Medicine

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 injured worker (IW) is a 32-year-old woman with a date of injury of April 25, 2014. The mechanism of injury is documented as a repetitive injury caused by drawing in a computer all day working as an animator. The injured worker's working diagnoses are lesion of the ulnar nerve; CTD of the right upper extremity; right cubital tunnel syndrome; and possible right lateral tunnel syndrome. EMG/NCV studies dated August 21, 2014, the results showed no electrodiagnostic evidence of carpal tunnel syndrome, and no evidence of right ulnar neuropathy or cervical radiculopathy or right radial sensory neuropathy. Pursuant to the progress note dated October 23, 2014, the IW complains of muscle cramping in the right forearm. She continues to use her Pil-O-Brace. She denies numbness or tingling. Physical examination reveals mild to moderate tenderness at the right radial tunnel. Tinel's is negative at the medial/ulnar nerves at the right wrist and ulnar nerve right elbow. Sensory and motor exam is intact. She has full range of motion in all digits of the right hand, wrist and elbow. Current medications include Protonix 20mg, Flexeril 7.5mf, and start Voltaren 100mg. The initial therapy prescription dated June 24, 2014 indicates the IW would start at 3 times a week for 3 weeks (9 sessions). According to a progress note dated August 22, 2014, the IW had 6 therapy sessions to date. She had not had significant improvement in her symptoms. According to a progress note dated September 25, 2014, the treating physician requested occupational therapy 3 times per week for 4 weeks. It is unclear by the documentation as to the total number of therapy sessions the IW has had to date. There are no occupational therapy notes in the medical records for review. There is no evidence of objective functional improvement

associated with prior occupational therapy. The current request is for additional occupational therapy, 12 sessions to the right elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy 12 sessions to the right elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation The Official Disability Guidelines, Elbow Section Physical/Occupational Therapy

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, occupational therapy 12 sessions to the right elbow is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are lesion of the ulnar nerve; CTD of the right upper extremity; right cubital tunnel syndrome; and possible right lateral tunnel syndrome. EMG/NCV studies dated August 21, 2014, the results showed no electrodiagnostic evidence of carpal tunnel syndrome, and no evidence of right ulnar neuropathy or cervical radiculopathy or right radial sensory neuropathy. The documentation in the medical record indicates the injured worker was authorized nine sessions of physical therapy in a progress note dated June 24, 2014. A follow-up progress note dated August 22, 2014 states the injured worker received six therapies sessions to date (out of the nine authorized). In a progress updated September 25, 2014, the documentation indicates the treating physician requested occupational therapy three times per week for four weeks. The documentation does not state whether the injured worker received physical therapy and if so, the total number of physical therapy sessions the injured worker received to date. There are no physical therapy notes in the medical record to review. There is no documentation of objective functional improvement based on prior physical 13/occupational therapy. Consequently, absent clinical documentation to support additional physical therapy, evidence of objective functional improvement, compelling clinical evidence for additional physical therapy in excess of the recommended per the guidelines, additional occupational therapy 12 sessions to the right elbow is not medically necessary.