

Case Number:	CM14-0203300		
Date Assigned:	12/15/2014	Date of Injury:	01/29/2010
Decision Date:	02/17/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/04/2014

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 Family Practice 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 43 year-old man who was injured at work from 1/29/2009 - 1/29/2010. The injuries were primarily to his right shoulder and left elbow. He is requesting review of denial for "Occupational Therapy 2 X per Week X 4 Weeks for the Right Wrist." Medical records corroborate ongoing care for his injuries. These records include the Primary Treating Physician's Progress Reports. His chronic diagnoses include: Bilateral Shoulder Impingement; Upper Extremity Overuse Tendinopathy; Hernia/Status Post Surgery; Gastrointestinal Disturbance; Bilateral Elbow Epicondylitis; and Status Post Right Cubital Tunnel Release. The Utilization Review for the request was initiated on 11/4/2014. In the review it was noted that it appeared that the patient was pending authorization for radial tunnel release. If the procedure was approved, occupational therapy would be used in the post-operative recovery period.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy 2xwk x 4wks for right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 1-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Occupational Disorders of the Elbow, Physical/Occupational Therapy.

Decision rationale: The CA MTUS/ACOEM Guidelines comment on the use of occupational/physical therapy for a number of post-surgical conditions. These guidelines specifically comment on conditions relevant to the elbow. For example, for cubital tunnel syndrome, the guidelines state the following: Cubital tunnel release [DWC]: Postsurgical treatment: 20 visits over 3 months Postsurgical physical medicine treatment period: 6 months. The records indicate that the patient is being considered for "radial tunnel surgery." This is suggested on the application form for independent medical review for the primary diagnosis of 354.3 (Lesion of the Radial Nerve) and includes the request for occupational therapy. The "radial tunnel" is the region near the elbow from the humeroradial joint past the proximal origin of the supinator muscle. Some scientists believe the radial tunnel extends as far as the distal border of the supinator. The radial nerve is commonly compressed within a 5 cm region near the elbow, but it can be compressed anywhere along the forearm if the syndrome is caused by injury. These ODG guidelines state the following: Recommended. Limited evidence. As with any treatment, if there is no improvement after 2-3 weeks the protocol may be modified or re-evaluated. In this case, there is insufficient information provided in the medical records in support of the proposed surgery; radial tunnel release. The office visit of 9/29/2014 includes the term "radial tunnel" under the diagnosis; however, it is unclear how the provider came to this conclusion. The need for the requested occupational therapy would need to be based on the medical necessity of the proposed procedure and the diagnostic criteria for radial tunnel syndrome. Given that it is unclear whether the radial tunnel release has been approved and how the diagnosis of radial tunnel syndrome was made, there is no medical justification for the requested occupational therapy for the right wrist. The request is not medically necessary.