MAXIMUS Federal Services

Case Number:	CM14-0043122		
Date Assigned:	06/30/2014	Date of Injury:	12/15/1993
Decision Date:	04/06/2015	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/10/2014

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 is a 51 year old female with an industrial injury dated December 15, 1993. The injured worker diagnoses include status post revision of right cubital tunnel release with submuscular transposition and medial epicondylar repair, status post right lateral epicondylar repair, status post left radial tunnel release, status post revision left lateral epicondylar repair with anconeus muscle flap, and right carpal tunnel syndrome. She has been treated with diagnostic studies, radiographic imaging, prescribed medications and periodic follow up visits. In a progress note dated 3/12/2014, her treating physician noted full range of motion of upper extremities, moderate tenderness over the medial aspect to the right elbow, and mild tenderness over the lateral aspect of the right elbow. The Tinel's sign was positive over the medial aspect of the right elbow and at the right carpal tunnel. Documentation also noted diminished grip strength. The treating physician is requesting occupational therapy twice per week for 6 weeks for the right arm and elbow. UR determination on March 25, 2014 denied the request for occupational therapy twice per week for 6 weeks for the right arm and elbow, citing MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy twice per week for 6 weeks for the right arm and elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS Physical Therapy, page 474.

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

Decision rationale: The patient was injured on 12/15/1993 and presents with significant pain/weakness in her right elbow and hand. The request is for OCCUPATIONAL THERAPY TWICE PER WEEK FOR 6 WEEKS FOR THE RIGHT ARM AND ELBOW. There is no RFA provided and the work status is not known. The utilization review denial letter states that the "claimant has had extensive PT/Chiro for this chronic condition. There were no subjective benefits noted from PT. Likewise, no objective improvement from PT was documented." MTUS page 98 and 99 has the following: "Physical medicine: recommended as indicated below: Allow for fading of treatment frequency (from up to 3 visits per week or 1 or less) plus active self-directed home physical medicine." MTUS Guidelines page 98 and 99 states that for myalgia and myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. In this case, the utilization review denial letter indicates that the patient has had prior physical therapy. However, there was no indication of how many sessions the patient had or when these sessions took place. There are is no discussion provided as to how these sessions impacted the patient's pain and function. There is no indication as to why the patient is not able to establish a home exercise program to manage her pain. There is no mention of any recent surgery the patient may have had. Therefore, the requested occupational therapy IS NOT medically necessary.