

Case Number:	CM14-0072390		
Date Assigned:	07/16/2014	Date of Injury:	08/09/2012
Decision Date:	01/21/2015	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/19/2014

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 Occupational Medicine 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 injured worker is a represented employee who has filed a claim for elbow epicondylitis, carpal tunnel syndrome, shoulder pain, and upper arm pain reportedly associated with an industrial injury of August 9, 2012. In a Utilization Review Report dated April 17, 2014, the claims administrator denied a request for six sessions of occupational therapy endorsed via an April 10, 2014, RFA form. The claims administrator stated that the injured worker had received unspecified amounts of occupational therapy for the elbow, shoulder, and wrist at various points over the course of the claim. The claims administrator stated that its decision was based on an April 10, 2014 RFA form. The injured worker's attorney subsequently appealed. In a November 7, 2014 progress note, the injured worker reported ongoing complaints of shoulder and elbow pain. The injured worker stated that she was doing relatively well. Relatively well preserved shoulder range of motion in flexion and abduction to 170 degrees was noted. An additional 12 sessions of occupational therapy were sought, focusing on the injured worker's epicondylitis. A 5- to 10-pound lifting limitation was endorsed. It was not clearly stated whether the injured worker was or was not working with said limitation in place. In a progress note dated November 17, 2014, the injured worker reported ongoing complaints of upper extremity pain. The injured worker was status post right-sided carpal tunnel surgery. The injured worker had also undergone shoulder surgery and elbow epicondylar release surgery. The attending provider stated that he did not believe that the injured worker would ever go back to her usual and customary work. Work restrictions were endorsed, including 10-pound lifting limitation. On November 4, 2013, the injured worker underwent a right carpal tunnel release surgery and right elbow epicondylar release surgery. On February 21, 2014, the injured worker was limited to working no more than four hours a day owing to issues with hand and wrist pain. On March 28, 2014, it was stated that the injured worker had completed 16 sessions of occupational therapy following carpal tunnel

release surgery and elbow epicondylar release surgery. A 5-pound lifting limitation was endorsed on this occasion and additional occupational therapy was sought. The injured worker stated that she had ongoing complaints of hand, elbow, and shoulder pain. The injured worker stated that her shoulder pain complaints were predominant as of this point in time. On April 18, 2014, the injured worker was given a shoulder corticosteroid injection. Work restrictions were again endorsed of a 5-pound lifting limitation was again endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial occupational therapy (OT) x 6 visits as written on RFA 04/10/14 - upper extremity:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The injured worker was still within the six-month postsurgical physical medicine treatment period following earlier elbow epicondylar release surgery of November 4, 2013 as of the date of the request April 10, 2014. The injured worker has had prior treatment up through the date of the request (at least 16 sessions, per the attending provider). Based on guidelines this amount of treatment is in excess of the 12-session course of postsurgical treatment recommended following elbow epicondylar release surgery. This recommendation is qualified by commentary made in MTUS 9792.24.3.c.4 to the effect that the frequency of treatment shall be gradually reduced or discontinued as the patient gains independence in management of symptoms and with achievement of functional goals. The request for six additional session of physical therapy at or around the five-month mark of the date of surgery is seemingly exceeds the MTUS principles and parameters. MTUS 9792.24.3.c.4.b further notes postsurgical treatment shall be discontinued in the patients, at any-time during the postsurgical physical medicine period, don't demonstrate functional improvement. Here, all evidence on file pointed to the injured worker having plateaued with earlier physical therapy treatment. The injured worker continued to report ongoing complaints of elbow and wrist pain. A lifting limitation on the order 5 to 10 pounds, were renewed on several occasions, referenced above. The injured worker remained dependent on opioid agents, such as Norco. The injured worker continued to report difficulty tolerating various work tasks both prior to and after the date of the utilization review report. All of the foregoing taken together suggests that lack of functional improvement as defined in MTUS 9792.20f. In addition, the occupational therapy treatment is in excess of MTUS parameters. Therefore, the request is not medically necessary.