

Case Number:	CM15-0106334		
Date Assigned:	06/10/2015	Date of Injury:	03/14/2014
Decision Date:	07/21/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/02/2015

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:

This is a 44 year old male with a March 14, 2014 date of injury. A progress note dated April 30, 2015 documents subjective findings (right shoulder pain; right elbow pain; right wrist / hand / digit pain with numbness and tingling in the right upper extremity), objective findings (tenderness to palpation over the right lateral epicondyle; tenderness to palpation over the right volar wrist; positive Phalen's test), and current diagnoses (right elbow lateral epicondylitis; right elbow, moderate grade partial tear of the common extensor tendon at the humeral attachment; right elbow ulnar neuropathy; right wrist carpal tunnel syndrome). Treatments to date have included medications, magnetic resonance imaging of the right elbow (December 12, 2014; showed moderate grade partial tear of the common extensor tendon at the humeral attachment), electromyogram/nerve conduction velocity study (April 8, 2015; showed right elbow ulnar neuropathy and right carpal tunnel syndrome), and physical therapy. The treating physician documented a plan of care that included occupational therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Active therapy; Physical Medicine Page(s): 98-99.

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

Decision rationale: The patient presents with pain in the right shoulder, right elbow, right wrist/hand/fingers. He reports numbness and tingling in the right upper extremity. The request is for OCCUPATIONAL THERAPY, 12 SESSIONS. The provided RFA is dated 02/10/15 and the patient's date of injury is 03/14/14. The diagnoses include right elbow lateral epicondylitis, right wrist/hand pain and right elbow, moderate grade tear of the common extensor tendon at the humeral attachment, per MRI 12/12/14. Per 02/05/15 report, physical examination of the right elbow revealed swelling with tenderness over palpation over the lateral apicondyle and the anterior aspect of the elbow. The right hand/wrist is swollen and has tenderness over the right ring finger. Phalen's, Finkelstein, and Tinel's are all negative. It is unknown if the patient is working. The report states that he is capable of working modified duty and if that is not available then he is considered temporarily totally disabled. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Per 02/10/15 report, treater is requesting for 12 sessions of occupational therapy for the right elbow and right hand, "to increase range of motion/blood flow, decrease pain/inflammation, improve flexibility/endurance and help with activities of daily living." Provided medical records indicate the patient previously completed 17 prior therapy visits and 4 sessions of occupational therapy to the right upper extremity. MTUS recommends 8-10 sessions for this patient's condition. Therefore, the requested 12 additional sessions of occupational therapy exceeds MTUS guidelines and IS NOT medically necessary.