

Case Number:	CM15-0143249		
Date Assigned:	08/04/2015	Date of Injury:	10/10/2011
Decision Date:	09/17/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/23/2015

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: Orthopedic Surgery, Hand Surgery, Sports 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 65-year-old female who sustained an industrial injury on 10-10-2011. Diagnoses include status post left radial tunnel release (RTR) and left lateral epicondyle debridement. Treatment to date has included medications, surgery and hand therapy. According to the progress notes dated 6-15-2015, the IW reported she was not tolerating her work restrictions. On examination, there was diffuse left forearm tenderness and well-healed incisions. There was no evidence of complex regional pain syndrome. The provider noted the IW had significant but incomplete improvement with therapy and he agreed with the therapist that continued therapy would benefit her. The hand therapy notes dated 6-15-2015 stated the IW complained of a significant increase in pain and swelling in the previous 10 days due to working eight-hour days. The therapist noted strength had increased slowly and range of motion was good. Flexion of the left elbow was 145, extension was -3; supination and pronation of the left forearm was 70 and 80, respectively; flexion and extension of the left wrist was 70 and 65, respectively; and radial and ulnar flexion was within normal limits. Grip testing was 35 on the right and 15 on the left. The IW indicated she was feeling a lot better with modified work, as stated in the therapy notes on 6-19-2015. The treatment plan was to continue treatment for inflammation and continue gradual strengthening. A request was made for additional hand therapy visits, twice a week for six weeks (12 sessions).

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand Therapy, additional visits, 2 times wkly for 6 wks, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 18; 21.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 17.

Decision rationale: This is a request for 12 additional post-operative therapy sessions following April 8, 2015 surgery for a primary diagnosis of lateral epicondylitis/tennis elbow. Concurrent surgery for presumed radial nerve compression below the elbow was performed, but electrodiagnostic testing before surgery was normal; that is, the objective evidence did not support a diagnosis of compressive radial neuropathy. Twelve post-operative sessions were previously authorized. The CA MTUS supports up to 12 visits over 12 weeks with an initial course of therapy being half that number and additional therapy up to the maximal amount being appropriate if there is documented functional improvement as defined on page one of the guidelines. The request for 12 additional post-surgical therapy sessions exceeds guidelines. Therefore the request is not medically necessary.