

Case Number:	CM15-0164594		
Date Assigned:	09/01/2015	Date of Injury:	04/23/2011
Decision Date:	10/05/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/21/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 is a 52 year old female who sustained an industrial injury on 04-23-2011. Mechanism of injury was not found in documents presented for review. Diagnoses include status post revision of right lateral Nirschl procedure-stable, mild left carpal tunnel syndrome, and rule out radial tunnel syndrome and left lateral epicondylitis. Treatment to date has included diagnostic studies, medications, status post right lateral elbow release and repair on 09-10-2012, right shoulder arthroscopy on 01-31-2014, and a right lateral Nirschl procedure in January of 2015, physical therapy, injection to the radial tunnel. Medications include Valerian Root. A physician progress note dated 07-14-2015 documents the injured worker complains of continued bilateral arm pain, and at times the pain radiated to her shoulders and neck. The pain wakes her up at night. On examination range of motion of the elbow was within normal limits. There was tenderness to the lateral epicondyle bilaterally with mild increase in pain with resisted wrist extension. There was tenderness to the right radial tunnel. The carpal tunnel compression test and Phalen's were positive bilaterally with onset of tingling at 300 seconds. A wrist splint was issued. Treatment requested is for Occupational therapy twice a week for 4 weeks for the bilateral elbow and forearms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy twice a week for 4 weeks for the bilateral elbow and forearms:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 17.

Decision rationale: Occupational therapy twice a week for 4 weeks for the bilateral elbow and forearms is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this patient's condition. The documentation indicates that the patient has had prior PT. The patient is out of the post surgical period for her elbow surgery. The patient should be well versed in a home exercise program. There are no extenuating factors which would necessitate 8 more supervised therapy visits therefore this request is not medically necessary.