

Case Number:	CM15-0168628		
Date Assigned:	09/09/2015	Date of Injury:	10/22/2012
Decision Date:	10/08/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/27/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 46-year-old female, who sustained an industrial-work injury on 10-22-12. She reported initial complaints of elbow and hand pain. The injured worker was diagnosed as having bilateral elbow lateral epicondylitis. Treatment to date has included medication, surgery (left elbow common extensor tendon debridement and repair, left radial tunnel exploration and decompression), and physical therapy. Currently, the injured worker complains of elbow pain and stiffness with 5 out of 10 pains while using the left arm. Per the primary physician's progress report (PR-2) on 7-17-15, post- surgical exam noted that as per the last visit, she was scheduled to begin a second course of post- operative therapy and was given a H-wave unit for pain management. A second course was completed and the treatment was improving the symptoms and the therapist recommended a third course of therapy to increase strength of the left upper extremity with progression of 2 pound to 5 pound dumbbells. Objective findings noted full motion bilaterally, slight tenderness over the left lateral condyle and minimal tenderness over the right lateral epicondyle. Current plan of care includes strengthening the left side by continuation of therapy program. The Request for authorization date was 7-22-15 and requested service included 12 sessions of hand therapy with evaluation, re-evaluation, therapeutic exercises and therapeutic activities.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of hand therapy with evaluation, re-evaluation, therapeutic exercises and therapeutic activities: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The claimant sustained a work injury in October 2012 and underwent a left elbow, extensor tendon debridement and repair with radial tunnel decompression on 03/17/15. Treatments included postoperative occupational therapy. As of 07/02/15, she had completed at least 14 sessions. On 07/16/15, she was performing a home exercise program without difficulty. When seen by the requesting provider, she was 17 weeks status post surgery. She had completed a second course of therapy. She was having pain rated at 5/10. Physical examination findings included full elbow range of motion with slight tenderness and ongoing weakness. Authorization for an additional 12 therapy sessions was requested. After the surgery performed, guidelines recommend up to 12 visits over 12 weeks with a physical medicine treatment period of 6 months. In this case, the claimant has already had post-operative physical therapy in excess of that recommended including a home exercise program. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. The number of additional visits requested is in excess of that recommended or what might be needed to revise and finalize the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.