

Case Number:	CM15-0169034		
Date Assigned:	09/09/2015	Date of Injury:	01/21/2014
Decision Date:	10/07/2015	UR Denial Date:	08/14/2015
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 36 year old male, who sustained an industrial injury on 1-21-14. The injured worker was diagnosed as being status post right lateral epicondylitis and status post right lateral epicondylar release. Treatment to date has included right epicondylar release (2-14-15), physical therapy and activity restrictions. On 6-22-15, he noted he was doing a little worse and feels he has regressed due to not getting therapy which was approved on 8-7-15, the injured worker complains of right epicondylar pain and weakness. Disability status on 8-7-15 was light duty with no lifting greater than 5 pounds, no gripping, grasping or mousing with right hand. Physical exam performed on 6-22-15 noted full range of motion of elbow and full range of motion of wrist with pain at elbow and on 8-7-15 revealed full range of motion of right elbow and wrist along with a well healed incision and improved musculature. The treatment plan included more therapy, advance weight bearing of right upper extremity and a follow up appointment. On 8-14-15 utilization review denied 12 sessions of continued occupational therapy noting MTUS guidelines support up to 12 postoperative physical or occupation therapy sessions; at the time of request the injured worker was almost 6 months post-operative and had received at least 12 postoperative physical therapy sessions, remained on light duty and there was no indication of any flare-up of elbow pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue Occupational Therapy x 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, and Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Elbow & Upper Arm.

Decision rationale: The claimant sustained a work injury in January 2014 and underwent a right lateral epicondyle release on 02/14/15. When seen, he was doing better but had ongoing pain and weakness. Physical examination findings included full range of motion with elbow pain. There was no pain with finger extension. There was decreased grip strength. Additional occupational therapy was requested. As of 05/20/15, he had completed 12 treatments with steady progress and an additional 12 treatments were completed as of 07/29/15. There had been a slight regression in strength. 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. 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 or 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.