

Case Number:	CM15-0192183		
Date Assigned:	10/06/2015	Date of Injury:	10/08/2008
Decision Date:	11/13/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/30/2015

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:

This injured worker is a 56 year old male who reported an industrial injury on 10-8-2008. His diagnoses, and or impressions, were noted to include: lesion of ulnar nerve; pain in limb; and status-post left cubital tunnel release surgery. No imaging studies of the left upper extremity were noted. His treatments were noted to include: left elbow sub-muscular ulnar nerve transposition (3-20-15); 15 occupational therapy treatments (April - July 2015); acupuncture treatments; a home exercise program; psychological evaluation and treatment; medication management; and rest from work. The progress notes of 7-29-2015 reported being continually symptomatic with pain and discomfort involving multiple body parts, including left shoulder, both knees and elbow. The objective findings were noted to include: a slightly antalgic gait; mild tenderness to the bilateral knees with full range-of-motion; positive shoulder tenderness with painful range-of-motion; a left arm cast; and that he wished to continued additional treatment after failed therapy, injection and surgery. The physician's requests for treatment were noted to include the need for a straight point cane to help with walking. No Request for Authorization for additional occupational therapy, 2 x a week for 3 weeks, left elbow, and a lightweight capacity aluminum cane was noted in the medical records provided. The Utilization Review of 9-1-2015 non-certified the request for additional occupational therapy, 2 x a week for 3 weeks, left elbow, and a lightweight capacity aluminum cane.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional OT 2x Weekly Left Elbow Qty 6: Upheld

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

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

Decision rationale: The claimant sustained a work injury in October 2008 and underwent a left ulnar nerve transposition on 03/20/15. As of 07/30/15, there had been 15 post-operative occupational therapy treatments. He was seen for a comprehensive visit on 07/29/15. He had symptoms and pain affecting multiple body parts. There was mild bilateral knee tenderness and pain with range of motion. There as a slightly antalgic gait. There was shoulder tenderness and pain with range of motion. The claimant has a history of right knee surgery in November 2012. Synvisc and physical therapy for the knee have been requested. In May 2015, he was limping and using a cane. A lightweight cane and 6 additional occupational therapy sessions are being requested. After the surgery performed, guidelines recommend up to 20 visits over 3 months with a physical medicine treatment period of 6 months. In this case, the claimant has already had post-operative physical therapy. 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. When requested, there was no documented ongoing impairment of the elbow and no new or specific therapeutic content is being requested. The number of additional visits requested is in excess of what might be needed to finalize the claimant's home exercise program. The request is not medically necessary.

Aluminum Cane for Lightweight Capacity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: The claimant sustained a work injury in October 2008 and underwent a left ulnar nerve transposition on 03/20/15. As of 07/30/15, there had been 15 post-operative occupational therapy treatments. He was seen for a comprehensive visit on 07/29/15. He had symptoms and pain affecting multiple body parts. There was mild bilateral knee tenderness and pain with range of motion. There as a slightly antalgic gait. There was shoulder tenderness and pain with range of motion. The claimant has a history of right knee surgery in November 2012. Synvisc and physical therapy for the knee have been requested. In May 2015 he was limping and

using a cane. A lightweight cane and 6 additional occupational therapy sessions are being requested. Use of a cane can be recommended when there is a diagnosis of osteoarthritis of the knee. In this case, the claimant has a history of knee surgery and the requesting provider documents an antalgic gait. However, he is already using a standard cane. A lightweight cane is not medically necessary.