

Case Number:	CM15-0199497		
Date Assigned:	10/14/2015	Date of Injury:	02/28/2007
Decision Date:	11/25/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/09/2015

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: Emergency 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 with an industrial injury date of 02-28-2007. Medical record review indicates she is being treated for status post ulnar nerve transposition and medial epicondylectomy, carpal tunnel syndrome and cervical degenerative disk disease. She presented on 08-07-2015 for follow up 6 weeks status post left revision of ulnar transposition and medial epicondylectomy. She reported that her elbow soreness and tenderness had decreased and distal numbness was improving. Motion was also improving although there was still some stiffness. Work status was not indicated in the 08-07-2015 report. Physical exam (08-07-2015) noted surgical wound was clean and dry. There was "full, comfortable range of motion." Pinch strength was still a little weak "with tenderness noted over the wound." Prior treatment included physical therapy and occupational therapy (number of visits unavailable.) On 09-11-2015, the request for occupational therapy 3 times 6 weeks was modified to 8 sessions by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy, left elbow, 3 times weekly for 6 weeks, 18 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

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

Decision rationale: As per MTUS Post surgical guidelines, patient may receive up to 20 therapy sessions post operatively. Documentation by provider is very vague as to how many have been completed thus far. Documentation from prior UR shows that patient was approved for 12 PT sessions. Request for 18 additional PT sessions is excessive and far exceeds guideline maximum. Therefore, the request is not medically necessary.