MAXIMUS Federal Services

Case Number:	CM15-0205321		
Date Assigned:	10/22/2015	Date of Injury:	04/17/2015
Decision Date:	12/04/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/20/2015

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: North Carolina
Certification(s)/Specialty: Family Practice

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 43-year-old female who sustained an industrial injury on 4-17-15. A review of the medical records indicates she is undergoing treatment for right shoulder strain, right shoulder pain, right elbow strain, and right elbow pain. Medical records (4-27-15, 6-4-15, 6-18-15, and 9-14-15) indicate ongoing complaints of right elbow and right shoulder pain. The 9-14-15 record indicates she complains of "a little bit of pain on the shoulder and elbow." The record indicates that she is requesting occupational therapy, as she benefitted "from these modalities initially and feels that this would be beneficial at this point." The physical exam (9-14-15) reveals tenderness "directly over" the lateral epicondyle and proximally towards the forearm. No pain is noted with range of motion. Flexion is 140 degrees, Extension 0 degrees, Pronation 90 degrees, and Supination 85 degrees. The right shoulder exam reveals "mild" tenderness with palpation of the deltoids along the anterior margin and at the subacromial region. Abduction is 170 degrees bilaterally, Flexion 170 degrees bilaterally, and Extension 50 degrees bilaterally. The treating provider indicates "significant pain" with range of motion. Diagnostic studies have included x-rays of the right elbow and shoulder. Treatment has included modified work, use of heat and ice, a splint, stretching exercises, an injection in the right elbow, medications, and occupational therapy (number of sessions completed is not noted in the provided records). The utilization review (9-24-15) includes a request for authorization of additional occupational therapy 3 times a week for 2 weeks for the right elbow. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient additional occupational therapy 3 times a week for 2 weeks to the right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Physical Medicine Guidelines: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2). 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. The requested amount of physical therapy is in excess of California chronic pain medical treatment guidelines. The patient has already completed a course of physical therapy. There is no objective explanation why the patient would need excess physical therapy and not be transitioned to active self-directed physical medicine. The request is not medically necessary.