

Case Number:	CM15-0207399		
Date Assigned:	10/26/2015	Date of Injury:	03/04/2015
Decision Date:	12/07/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	10/21/2015

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: Physical Medicine & Rehabilitation

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 48-year-old female who sustained an industrial injury on 3-4-2015 and has been treated for right lateral epicondylitis. On 9-28-2015 the injured worker reported that proximal right forearm pain was improving, but she still had right lateral epicondylar pain as well as left lateral epicondylar pain which has "diminished by 50 percent" since being off work. Objective findings included bilateral tender lateral epicondyles with pain with resisted wrist and finger extension. There was no documentation of specific musculoskeletal or neurological assessment details. Documented treatment includes cortisone injections with the second being less effective than the first, and as of 10-7-2015, she had completed 9 out of 12 authorized sessions of hand therapy with notation of decreased pain levels. The treating physician's plan of care includes 12 sessions of occupational therapy for the right arm and elbow, which was denied on 10-29-2015. The injured worker is presently not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional occupational therapy 12 sessions for the right arm/elbow, 3 times a week for 4 weeks, as outpatient: 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), Elbow chapter, Official Disability Guidelines (ODG), Physical Therapy Guidelines.

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

Decision rationale: Occupational therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified occupational therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the OT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status with the patient remaining off work. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of occupational therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal OT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further occupational therapy s/p 12 sessions with another 12 being requested when prior treatment rendered has not resulted in any functional benefit. The additional occupational therapy 12 sessions for the right arm/elbow, 3 times a week for 4 weeks, as outpatient is not medically necessary and appropriate.