

Case Number:	CM15-0021603		
Date Assigned:	02/11/2015	Date of Injury:	12/03/2013
Decision Date:	04/07/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/04/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 42 year old female with an industrial injury dated 12/03/2013. Her diagnoses include status post right elbow release, history of sever right elbow lateral epicondyle depigmentation, and mild elbow cubital tunnel syndrome with negative EMG/NCV studies. Recent diagnostic testing has included x-rays of the right elbow (no date) which were unremarkable. Previous treatments have included right elbow lateral release and repair, right elbow anconeus rotational flap for coverage of lateral epicondyle, and application of right long-arm posterior splint (08/06/2014), physical/occupational therapy, and medications. In a progress note dated 01/22/2015, the treating physician reports sharp pain with certain activities with pain in the elbow with finger range of motion activities and tightness in the elbow in the mornings. The objective examination revealed decreased grip strength in the right hand, mild swelling, restricted range of motion, and elbow pain with resisted wrist extension. The treating physician is requesting 12 sessions of occupational therapy for the right elbow which was denied/modified by the utilization review. On 01/28/2015, Utilization Review non-certified a request for 12 sessions of occupational therapy for the right elbow, noting a previous request and certification (10/2014) of additional occupation therapy to help the injured worker adjust to non-supervised self-care, and the lack of extenuating circumstances to exceed current treatment. The MTUS Guidelines were cited. On 02/04/20015, the injured worker submitted an application for IMR for review of 12 sessions of occupational therapy for the right elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy for the right elbow for 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation ODG, Elbow, Physical Therapy.

Decision rationale: Per MTUS CPMTG, physical medicine guidelines state: "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 (ICD 729.2): 8-10 visits over 4 weeks."The ODG Preface specifies Physical Therapy Guidelines, "There are a number of overall physical therapy philosophies that may not be specifically mentioned within each guideline: (1) As time goes by, one should see an increase in the active regimen of care, a decrease in the passive regimen of care, and a fading of treatment frequency; (2) The exclusive use of 'passive care' (e.g., palliative modalities) is not recommended; (3) Home programs should be initiated with the first therapy session and must include ongoing assessments of compliance as well as upgrades to the program; (4) Use of self-directed home therapy will facilitate the fading of treatment frequency, from several visits per week at the initiation of therapy to much less towards the end; (5) Patients should be formally assessed after a 'six-visit clinical trial' to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted."Per the ODG guidelines: Lateral epicondylitis/Tennis elbow (ICD9 726.32): Medical treatment: 8 visits over 5 weeks. Post-surgical treatment: 12 visits over 12 weeks. The documentation submitted for review indicates that the injured worker has completed 14 sessions of physical therapy. This should have been sufficient to transition the injured worker to self-directed home therapy. The request is not medically necessary.