

Case Number:	CM15-0216262		
Date Assigned:	11/05/2015	Date of Injury:	05/01/2013
Decision Date:	12/24/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/27/2015

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: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

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, who sustained an industrial injury on 5-1-13. Medical records indicate that the injured worker is undergoing treatment for right cubital tunnel syndrome, forearm tendinitis, radial tunnel syndrome, trapezial and paracervical pain and cervical arthrosis-radiculopathy. The injured worker is currently temporarily totally disabled. On (10-1-15) the injured worker reported that her pain and mobility are improving with therapy. The injured worker had a right thumb carpometacarpal joint arthroplasty performed on 7-13-15. Objective findings revealed mild swelling and slight stiffness at the right wrist and thumb. There was also mild stiffness in the right shoulder. A Tinel's sign and elbow flexion test were positive at the right cubital tunnel. Mild radial tunnel tenderness was noted on the right. The treating physician noted that the injured worker should continue with occupational therapy to work on range of motion, modalities and strengthening. Treatment and evaluation to date has included medications, MRI of the cervical spine, cervical x-rays, right thumb-Spica splint, cervical epidural steroid injections, physical therapy (45), occupational therapy (unspecified amount) and a right thumb arthroplasty. Current medications include Voltaren and Prilosec. The current treatment request is for post-operative occupational therapy for the right thumb #12, occupational therapy for the right elbow #12 and a night elbow extension splint purchase. The Utilization Review documentation dated 10-9-15 non-certified the requests for post-operative occupational therapy for the right thumb #12, occupational therapy for the right elbow #12 and a night elbow extension splint purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Op Occupational Therapy of The Right Thumb 12 Visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Forearm, Wrist, & Hand.

Decision rationale: The injured worker is a 52-year-old female with a date of injury of 5/1/2013. She is status post right thumb CMC arthroplasty (7/13/15). Other diagnoses include right cubital tunnel syndrome, right forearm tendinitis, right radial tunnel syndrome, trapezial and paracervical strain, and cervical arthrosis/radiculopathy. Progress notes from 10/1/2015 indicate that a detailed examination of the upper extremities was performed. There was mild swelling and slight stiffness of the right wrist and thumb. There was mild stiffness in the right shoulder. The Tinel's sign and elbow flexion test were positive at the right cubital tunnel. There was mild radial tunnel tenderness on the right. The recommendation was to continue with OT twice weekly for the next 6 weeks to work on range of motion, modalities and strengthening. She was provided with a right thumb spica splint. Additional documentation indicates that the injured worker has completed 45 sessions of physical therapy for the right upper extremity. The current request is for postoperative OT of the right thumb, OT of the right elbow: Total of 12 visits/2 x 6. California MTUS postsurgical treatment guidelines recommend 24 visits over 8 weeks for arthropathy, unspecified in the hand. The initial course of therapy is one half of these visits which is 12. Then with documentation of continuing functional improvement is subsequent course of therapy off the remaining 12 visits may be prescribed. The injured worker has had 45 sessions of physical therapy for her hand and elbow. The request exceeds the guideline recommendations and as such, the request is not medically necessary.

Occupational Therapy of The Right Elbow 12 Visits: Upheld

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

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

Decision rationale: With regard to the right elbow, her diagnosis is cubital tunnel syndrome. She has had 45 sessions of physical therapy for the right upper extremity. There is no reason given why she cannot continue on a home exercise program. California MTUS chronic pain treatment guidelines recommend active therapy which is based on the philosophy that therapeutic exercise and or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. This formal therapy may require supervision from a therapist or medical provider. Patients are expected to continue active therapies at home as an extension of the treatment process. The guidelines allow for fading of

treatment frequency from up to 3 visits per week to one or less plus active self-directed home physical medicine. As such, the request for additional 12 visits of occupational therapy for the right elbow is not medically necessary.

Night Elbow Extension Splint Purchase: 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).

MAXIMUS guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Ulnar Nerve Entrapment.

Decision rationale: With regard to the elbow extension splint, the guidelines recommend avoidance of prolonged hyperflexion of the elbow at night which can be accomplished by means of a comfortable pillow splint. A fabricated elbow extension splint is not necessary. As such, the medical necessity of the request is not medically necessary.