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| Case Number: | CM15-0058080 | | |
| Date Assigned: | 04/02/2015 | Date of Injury: | 03/12/2012 |
| Decision Date: | 05/04/2015 | UR Denial Date: | 03/09/2015 |
| Priority: | Standard | Application Received: | 03/26/2015 |

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, Indiana, New York
Certification(s)/Specialty: Internal 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 48-year-old female, who sustained an industrial injury on March 12, 2012. She reported injury to her right elbow. The injured worker was diagnosed as having lateral epicondylitis. Treatment to date has included acupuncture, occupational therapy, surgery, steroid injection and medications. On March 24, 2015, the injured worker complained of pain to the right dorsal proximal forearm. She reported difficulty with lifting heavy objects when the elbow is slightly flexed. She rated her pain as a 2 on a 1-10 pain scale. The treatment plan included post-operative occupational therapy, medication, massages and exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post-op occupational therapy 2 x 4 weeks for the right elbow: 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 Official Disability Guidelines (ODG) Elbow Section, Occupational Therapy, Physical Therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, additional postoperative occupational therapy two times per week times four weeks to the right elbow is not medically necessary. 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 negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. The guidelines recommendation 12 visits over 12 weeks. Allow for fading of treatment frequency plus active self-directed home physical therapy. In this case, (in a December 8, 2014 operative report) the treating physicians postoperative diagnoses were right lateral humeral epicondylitis; and chondromalacia of the right humeral head. A physical therapy progress note dated February 13, 2015 shows the injured worker completed physical therapy visit #10. The documentation indicates there is decreased right upper extremity elbow pain in hypersensitivity, increased right upper extremity elbow, wrist and grip and pinch strength. A progress note dated March 24, 2015, subjectively, states the worker has difficulty lifting heavy objects when the elbow is slightly flexed. The VAS pain scale is 2/10 and she has difficulty taking lids off bottles. Objectively, the scar is soft and nontender. There is pain with active flexion and extension of the right elbow 3-4/10. A progress note dated March 24, 2015 states, in the treatment plan, additional postoperative therapy at two times per week times four weeks (#8 sessions) is indicated. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. There are no compelling clinical facts in the medical record indicating additional physical therapy is warranted. The guidelines allow for fading treatment frequency plus active self-directed home physical therapy. The wound is nontender and there is pain with range of motion. The injured worker should be well versed in the exercises performed during physical therapy to engage in a home exercise program. Consequently, absent compelling clinical documentation with objective functional improvement with compelling clinical facts warranting additional physical therapy, additional postoperative occupational therapy two times per week times four weeks to the right elbow is not medically necessary.