

Case Number:	CM15-0059531		
Date Assigned:	04/06/2015	Date of Injury:	06/21/2012
Decision Date:	05/05/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/30/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 46 year old female, who sustained an industrial injury on 6/21/2012. She reported right elbow pain. The injured worker was diagnosed as having status post right carpal tunnel release, status post right ulnar nerve release at the elbow, status post right lateral nirschi procedure, and status post left nirschi procedure. Treatment to date has included physical therapy, medications, modified work, and surgeries. The request is for occupational therapy for the right elbow/arm, and right hand/wrist. On 3/13/2015, Utilization Review non-certified indicating she had been non-compliant with attending therapy, and lack of documentation regarding functional improvement with the attended sessions. On 10/20/2014, she was seen for her first post-operative visit after right elbow surgery. On 11/25/2014, she reports having a catching sensation and popping of the right elbow. On 1/2/2015, a physical therapy note indicates she completed 8 sessions, and missed 3 sessions, and that she is progressing well and having increased activity tolerance and decreased symptomology. She is reported to be independent with her home exercise program, and is adhering to it. On 1-13/2015, she is evaluated for right elbow pain, popping, catching, weakness, and numbness. She is returned to modified duty work status. A physical therapy note dated 2/24/2015, confirms a no show for an appointment. On 2/24/2015, she is evaluated for complaint of weakness. She reports making progress with therapy. The records contain several handwritten physical therapy notes, dated 12/12/2014-2/27/2015, which are difficult to read.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy 2x4 to the right elbow/arm, right hand/wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 98-99.

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. In this injured worker, physical therapy has already been used as a modality and a self-directed home program should be in place. The records do not support the medical necessity for occupational therapy visits in this individual with chronic pain. Therefore the request is not medically necessary.