

Case Number:	CM15-0085781		
Date Assigned:	05/13/2015	Date of Injury:	04/23/2011
Decision Date:	06/10/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	05/04/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 52 year old female, who sustained an industrial injury on 4/23/2011. Diagnoses have included left carpal tunnel syndrome, bilateral elbow tendinitis and ulnar nerve entrapment and left lateral and medial epicondylitis. Treatment to date has included injections and medication. According to the progress report dated 2/10/2015, the injured worker complained of left elbow pain. She was status post revision right lateral Nirshl procedure. She reported that a previous left carpal tunnel injection did not help her. Current medications included Norco and Valerian Root extract. The left elbow had full range of motion. The common extensor origin point was tender to palpation. There was pain with wrist extension against resistance. Right elbow incision was healing well. Authorization was requested for additional occupational therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional occupational therapy 2 x 4 left elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine, Physical medicine guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 17.

Decision rationale: The claimant is more than four years status post work-related injury and underwent revision Nirschl surgery on 01/15/15 for right lateral epicondylitis. When seen, there was full elbow range of motion. There was tenderness and pain with resisted wrist extension. An elbow injection was performed. She was referred for additional occupational therapy. Of note, she had already been approved for up to eight postoperative therapy sessions. Whether she attended these and, if so, what her response to treatments provided is unknown. In terms of therapy for lateral epicondylitis when managed surgically, guidelines recommend up to 12 treatment sessions over a 12 week period of time. In this case, the total number of treatments being requested as well and the results of any prior post-operative therapy is unknown. Therefore, the request is not considered medically necessary.