

Case Number:	CM15-0086812		
Date Assigned:	05/11/2015	Date of Injury:	02/06/2007
Decision Date:	06/10/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/06/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 52 year old male who sustained an industrial injury on 2/6/07. The injured worker was diagnosed as having status post right carpal tunnel release, primary left carpal tunnel release with lateral epicondylitis. Currently, the injured worker was with complaints of right upper extremity discomfort. Previous treatments included nonsteroidal anti-inflammatory drugs, activity modification, and therapy and status post right carpal tunnel release. Previous diagnostic studies were not noted in the provided documentation. Physical examination was notable for mild crepitus, tenderness noted to the lateral extensor musculature. The plan of care was for Occupational Therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy sessions for Right Elbow, 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): 58-59.

Decision rationale: The MTUS Chronic Pain Management Guidelines (pg 58-59) indicate that manual therapy and manipulation is not recommended in carpal tunnel syndrome for chronic pain, however, the elbow is not specifically addressed. In general, the guidelines indicate a time to produce effect of 4-6 treatments, which provides a reasonable timeline by which to reassess the patient and ensure that education, counseling, and evaluation for functional improvement occur. The recent note in the provided records requesting therapy indicates very minimal physical exam findings and indicates that a 'refresher' of therapy may be useful. While the patient may in fact benefit from some therapy, in this case, the request for a total of 8 visits to without a definitive plan to assess for added clinical benefit prior to completion of the entire course of therapy is not medically necessary.