

Case Number:	CM14-0117864		
Date Assigned:	08/06/2014	Date of Injury:	03/12/2013
Decision Date:	10/16/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/28/2014

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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 43-year-old female who reported an injury on 08/01/2013. The mechanism of injury was a trip and fall. Diagnoses included bilateral cubital tunnel syndrome and bilateral epicondylitis. Past treatments included injections, occupational therapy and an ergonomic workstation. Diagnostic testing was not provided. Surgical history was not provided. The clinical note dated 06/25/2014 is largely illegible, but indicates that the injured worker complained of pain in the bilateral upper extremities, as well as numbness and tingling from the medial elbows. The physical exam revealed decreased sensation in the bilateral upper extremities. Current medications were not provided. The treatment plan included occupational therapy 2 times a week times 3 weeks for the bilateral elbows. The rationale for the request was not provided. The Request for Authorization form was completed on 06/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy 2 x week x 3 weeks for the Bilateral Elbows: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines-Physical Therapy Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, Physical therapy

Decision rationale: The request for occupational therapy 2 times a week times 3 weeks for the bilateral elbows is not medically necessary. The Official Disability Guidelines indicate that physical therapy is recommended for epicondylitis to include 8 visits over 5 weeks, with an initial course of therapy of 6 visits. The injured worker complained of pain in the bilateral upper extremities with numbness and tingling from the medial elbows. The most recent clinical note did not provide legible physical exam findings including quantified range of motion and strength deficits of the elbow. The documentation provided indicated that the injured worker completed 6 occupational therapy sessions for the bilateral hands. It is unclear if any of the previous therapy was directed towards the elbows. Therefore, the request for occupational therapy 2 times a week times 3 weeks for the bilateral elbows is not medically necessary.