

Case Number:	CM14-0134187		
Date Assigned:	08/25/2014	Date of Injury:	04/24/2013
Decision Date:	12/15/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/19/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in California. 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 patient is a 27-year-old female who has submitted a claim for status post left medial epicondylectomy release at the origin of the flexor pronator teres, lateral epicondylectomy release at the origin of the extensor carpi radialis brevis, and De Quervain's tenovagotomy on 5/29/2014 associated with an industrial injury date of 4/24/2013. Medical records from 2014 were reviewed. The patient reported decreased pain at the left elbow status post surgery. Physical examination of the left upper extremities showed well-healed scars, no erythema, and no drainage. There was minimal swelling about the radial wrist and elbow consistent with surgery. She lacked 30 degrees to full extension at the elbow, and could flex to 90 degrees. Her flexor and extensor tendon function was intact. Neurovascular exam was unremarkable. Treatment to date has included left medial epicondylectomy release at the origin of the flexor pronator teres, lateral epicondylectomy release at the origin of the extensor carpi radialis brevis, and de Quervain's tenovagotomy on 5/29/2014, splinting, 8 sessions of occupational therapy, home exercise program, and medications. The utilization review from 7/30/2014 denied the request; for 12 additional postoperative occupational therapy for the left elbow 3 times a week for 4 weeks as an outpatient because it was unclear why patient cannot transition into an independent home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 additional postoperative occupational therapy for the left elbow 3 times a week for 4 weeks as an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - <http://www.acoempracguides.org/Elbow>; Table 2, Summary of Recommendations, Elbow Disorders

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lateral / Medial Epicondylitis Page(s): 18.

Decision rationale: CA MTUS Post-Surgical Treatment Guidelines recommend post-operative physical therapy for 12 visits over 12 weeks for status post repair of lateral epicondylitis / medial epicondylitis. In this case, patient underwent left medial epicondylectomy release at the origin of the flexor pronator teres, lateral epicondylectomy release at the origin of the extensor carpi radialis brevis, and de Quervain's tenovagotomy on 5/29/2014. The patient reported decreased pain at the left elbow status post surgery. Physical examination of the left upper extremities showed well-healed scars, no erythema, and no drainage. There was minimal swelling about the radial wrist and elbow consistent with surgery. She lacked 30 degrees to full extension at the elbow, and could flex to 90 degrees. Her flexor and extensor tendon function was intact. Neurovascular exam was unremarkable. Patient was able to complete 8 sessions of occupational therapy. The present request is for additional 12 sessions of therapy. However, it is unclear why patient cannot transition into a self-directed exercise program to address residual deficits. The medical necessity cannot be established due to insufficient information. Therefore, the request for 12 additional postoperative occupational therapy for the left elbow 3 times a week for 4 weeks as an outpatient is not medically necessary.