

Case Number:	CM14-0214851		
Date Assigned:	01/07/2015	Date of Injury:	04/25/2014
Decision Date:	03/03/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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: Texas, Ohio, California

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 applicant is a represented [REDACTED] employee who has filed a claim for elbow pain reportedly associated with an industrial injury of April 20, 2014. In a Utilization Review Report dated December 10, 2014, the claims administrator failed to approve request for 12 sessions of occupational therapy. The claims administrator referenced an earlier unfavorable Utilization Review Report dated November 3, 2014 in its determination. The claims administrator stated that the applicant completed 12 sessions of occupational therapy to date. An October 20, 2014 progress note was referenced in the determination. The applicant's attorney subsequently appealed. On September 20, 2014, the applicant reported persistent complaints of elbow and wrist pain. Hyposensorium was noted about the arm in the ulnar nerve distribution. The applicant was given a diagnosis of ulnar neuropathy secondary to cumulative trauma at work. Voltaren, Protonix, an elbow support, and 12 sessions of occupational therapy were endorsed. The applicant was kept off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy for the right elbow; 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management, Physical Medicine Page(s): 8, 99.

Decision rationale: The applicant had had prior treatment (12 sessions, per the claims administrator), seemingly in excess of the 8- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for neuralgias and neuritis of various body parts, the diagnoses reportedly present here. This recommendation is, moreover, further qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, the applicant was/is off of work, on total temporary disability, despite completion of earlier physical therapy already in excess of MTUS parameters, suggesting a lack of functional improvement as defined in MTUS 9792.20f. Therefore, the request was not medically necessary.