

Case Number:	CM14-0216812		
Date Assigned:	01/06/2015	Date of Injury:	07/30/2014
Decision Date:	03/05/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/26/2014

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 filed a claim for wrist and elbow pain reportedly associated with an industrial injury of July 30, 2014. In a Utilization Review Report dated November 20, 2014, the claims administrator denied a request for 12 sessions of physical therapy to the elbow and wrist. The claims administrator stated that the applicant has been given diagnoses of triangular fibrocartilage tear and elbow epicondylitis. The claims administrator referenced non-MTUS 2010 ACOEM Elbow Practice Guidelines and, furthermore, mislabeled the same as originating from the MTUS. The claims administrator contended that the applicant had had six sessions of physical therapy through this point in time. A November 20, 2014 RFA form was referenced in the rationale. The applicants' attorney subsequently appealed. MRI imaging of the wrist of November 4, 2014 was notable for triangular fibrocartilage degeneration without a discrete tear, while MRI imaging of the elbow September 20, 2014 was notable for elbow tendinosis and an elbow effusion. On August 18, 2014, six sessions of physical therapy were endorsed. The remainder of the file was surveyed. No clinical progress notes were incorporated into the Independent Medical Review packet, including the November 26, 2014 RFA forms at issue. The applicant's work and functional status were not outlined.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy twice a week for six weeks for the left wrist and left elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 589, 596.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 26.

Decision rationale: The request was initiated on and around November 26, 2014, i.e., some four months removed from the date of injury. The applicants' case, as of that point in time, was not necessarily chronic. ACOEM is therefore applicable. While the MTUS Guideline in ACOEM Chapter 10, page 26 does acknowledge that applicants with more severe elbow conditions should receive 8-12 visits, as long as program progression and functional improvement are documented, in this case, however, program progression and functional improvement were not, in fact, documented. The applicant's work and functional status were not outlined. No clinical progress notes were incorporated into the Independent Medical Review packet. The applicants' response to the previously completed six sessions of physical therapy/occupational therapy was not clearly outlined in terms of functional improvement parameters established in MTUS 9792.20f. Therefore, the request was not medically necessary.