

Case Number:	CM14-0035437		
Date Assigned:	06/23/2014	Date of Injury:	03/25/2008
Decision Date:	07/02/2015	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	03/21/2014

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: California

Certification(s)/Specialty: Orthopedic Surgery

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 (IW) is a 58-year-old male who sustained an industrial injury on 03/25/2008. Diagnoses include lesion of the ulnar nerve, swelling of limb and carpal tunnel syndrome. Treatment to date has included medications, activity modification, carpal tunnel release and cubital tunnel release on 3/6/14. According to the notes dated 1/24/14 the IW reported moderate to severe post-operative swelling and pain about the right elbow rated 8/10. He rated his best pain 8/10 and worst pain 9/10. On examination extreme tenderness was present over the medial epicondyle and the incision site. The carpal tunnel scar was dense and tender. Range of motion was guarded in all planes and hand grip strength was decreased. Patient has completed 11 postoperative therapy visits. A request was made for occupational therapy twice weekly for six weeks for the right shoulder, wrist and elbow to decrease pain, restore range of motion and function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupaitonal Therapy 2 X 6 for the right shoulder, wrist and elbow: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

Decision rationale: CA MTUS/Postsurgical treatment guidelines, Elbow and Upper Arm, Cubital tunnel release, page 16 recommends 20 postoperative visits over a 3 month period. It recommends initially of the 20 visits initially. As the request exceeds the maximum authorized, the determination is not medically necessary.