

Case Number:	CM15-0111607		
Date Assigned:	06/18/2015	Date of Injury:	01/29/2015
Decision Date:	07/16/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/09/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 39-year-old male, who sustained an industrial injury on 01/29/2015. The injured worker reported a left elbow injured as a result of pulling a ladder. On provider visit dated the injured worker has reported lateral elbow pain and limited range of motion. On examination revealed a limited range of motion was noted. Tenderness was noted at the biceps tendon distally as well as long the lateral epicondyle area. He was noted to be on modified duty at work. The diagnoses have included left elbow pain consistent with lateral epicondylitis, biceps tendinitis and a contracture of the forearm and limited supination. Treatment to date has included physical therapy, home exercise program, medication, wrist brace, pull on elbow brace and injections. The provider requested additional 6 sessions of occupational therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 6 sessions of Occupational therapy: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work injury in January 2015 and is being treated for left elbow pain. Symptoms began a few days after pulling a ladder. Treatments have included medications, use of an elbow brace, and physical therapy. When seen, he was having ongoing lateral elbow pain. There was limited supination with normal grip strength. There was distal biceps and lateral epicondyle tenderness. There was minimal biceps tendon sheath tenderness. Medications were prescribed and a wrist brace was provided. A lateral epicondyle injection was performed. Continued home stretching was recommended. Case notes reference completion of 12 therapy sessions. The claimant is being treated for residual lateral epicondylitis. Guidelines recommend up to 9 therapy treatments over 8 weeks for this condition. The claimant has already had in excess of this number of treatments and is performing a home exercise program. Compliance with a home exercise program would be expected and would not require specialized equipment. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits and could include use of TheraBands for strengthening and self-applied modalities such as heat and ice. The requested additional physical therapy was not medically necessary.