

Case Number:	CM15-0112212		
Date Assigned:	06/18/2015	Date of Injury:	12/01/2004
Decision Date:	07/17/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/10/2015

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 55 year old female, who sustained an industrial injury on December 1, 2004. The mechanism of injury was not provided. The injured worker has been treated for right shoulder and right upper extremity complaints. The diagnoses have included right elbow lateral epicondylitis, right shoulder adhesive capsulitis/resolved, right shoulder probable rotator cuff tear and compensatory consequences to the left upper extremity. Treatment to date has included medications, radiological studies and physical therapy. Current documentation dated May 21, 2015 notes that the injured worker reported right shoulder, elbow and hand pain. The injured worker was noted to be receiving physical therapy and stated that she continues to have right shoulder pain but is able to move the shoulder much better. Examination of the right elbow revealed tenderness over the lateral epicondyle which was noted to be much less and a full range of motion. The treating physician's plan of care included a request for occupational therapy # 8 to the right elbow due to symptomatic improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy 2 times a week for 4 weeks for the right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

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

Decision rationale: The claimant sustained a work-related injury in December 2004 and continues to be treated for right upper extremity pain. When requested, there had been improvement after 5 physical therapy treatments. There was right lateral epicondyle tenderness which had improved. An additional 8 therapy sessions were requested. Guidelines recommend up to 8 visits over 5 weeks for the treatment of this condition. In this case, the claimant has already had therapy and 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 number of visits requested is in excess of that recommended or what would be expected to finalize a home exercise program. The request is not medically necessary.