

Case Number:	CM15-0112397		
Date Assigned:	06/18/2015	Date of Injury:	05/29/2012
Decision Date:	07/17/2015	UR Denial Date:	06/04/2015
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:

This 46 year old male sustained an industrial injury to the thumb and right elbow on 5/29/12. The injured worker later developed left elbow pain. Previous treatment included physical therapy (six sessions), injections and medications. Documentation did not disclose objective signs of functional improvement following therapy. In a PR-2's dated 4/14/15 and 5/26/15, the injured worker complained of ongoing bilateral elbow pain with intermittent right finger numbness. The injured worker was having trouble sleeping at night. Physical exam was remarkable for tenderness to palpation to the right elbow with full motion of all joints, intact motor, sensory and vascular function, and mild pain on resisted range of motion, mildly positive right elbow flexion test and positive Tinel's bilaterally. The injured worker had not worked since September 2013. Current diagnoses included right elbow lateral epicondylitis, left thumb injury, and right elbow cubital tunnel syndrome and left elbow medial epicondylitis with mild cubital tunnel syndrome. The treatment plan included an additional course of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 occupational therapy visits: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines (3) Elbow (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work injury and May 2012 and continues to be treated for bilateral elbow pain with intermittent finger numbness. When seen, he had recently had physical therapy. Therapy notes document completion of eight treatment sessions. Physical examination findings included epicondylar tenderness and positive Tinel's signs over the medial elbows. The assessment list diagnoses of epicondylitis and cubital tunnel syndrome. The claimant is being treated for chronic pain. There is no new injury. The claimant has recently had physical therapy. Patients are expected to continue active therapies at home. Ongoing compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and could promote dependence on therapy provided treatments. The number of visits requested is in excess of what would be expected to reestablish or finalize his home exercise program. The request is not medically necessary.