

Case Number:	CM15-0113723		
Date Assigned:	06/22/2015	Date of Injury:	07/08/2010
Decision Date:	07/23/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/12/2015

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: 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 injured worker is a 58 year old male, who sustained an industrial injury on 7/08/2010. Multiple industrial injuries/dates were noted within the submitted medical records. He also reported cumulative trauma from 1972 to 2010. The injured worker was diagnosed as having right pisotriquetal synovitis, subluxing lateral bands right small finger, right radial tunnel syndrome, right forearm/flexor pronator tendinitis, cervical and lumbar arthrosis/radiculopathy, status post right wrist arthroscopy with synovectomy and debridement of TFCC (triangular fibrocartilage complex) tear, status post right cubital tunnel release, carpal tunnel release, and ulnar nerve decompression at the wrist, status post right rotator cuff repair, status post right shoulder manipulation under anesthesia, status post right shoulder arthroscopy with subacromial decompression, and status post right elbow arthroscopy with debridement. Treatment to date has included right elbow surgery 3/2013, right wrist surgery 2/2014, unspecified physical and occupational therapy, diagnostics, and medications. Currently, the injured worker complains of some right hand numbness. Exam noted slight trapezial and paracervical tenderness, slight tenderness over the right antecubital fossa diffusely, slight volar forearm tenderness, slight pisotriquetal tenderness, and mildly diminished sensation in the right long, ring and small fingers. The treatment plan included occupational therapy x12 for the right forearm/elbow. The treatment plan included occupational therapy (2x6) to work on stretching, modalities and strengthening for his right elbow and forearm tendinitis. He was currently not working and work status was modified with restrictions. Previous therapy sessions regarding the right upper extremity were referenced. Progress notes from therapy sessions were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy 2x6 for the right forearm/elbow flexor-pronator tendinitis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, & Hand, physical therapy guidelines; Elbow, physical therapy guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In addition, California Labor Code Section 4604.5(c) (1) states that an employee shall be entitled to no more than 24 chiropractic, 24 occupational therapy, and 24 physical therapy visits per industrial injury. The medical record indicates that the patient has previously undergone 24 sessions of occupational therapy. During the previous physical therapy sessions, the patient should have been taught exercises which are to be continued at home as directed by MTUS. Therefore, the request for occupational therapy 2x6 for the right forearm/elbow flexor-pronator tendinitis is not medically necessary.