

Case Number:	CM15-0114019		
Date Assigned:	06/22/2015	Date of Injury:	03/09/2014
Decision Date:	07/22/2015	UR Denial Date:	06/01/2015
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 44 year old male who sustained an industrial injury on 3/9/14. Diagnoses include Ulnar neuropathy, Upper extremity repetitive strain injury, and Cervical strain. A primary treating physician report dated 2/23/15 notes a positive Tinel's sign at the left elbow. The MRI of the left elbow demonstrates subcutaneous edema of the left flexor carpi ulnaris with increased signal in the left ulnar nerve proximal to the cubital tunnel. Lyrica was discontinued and Cymbalta was started. In a progress report dated 5/4/15, a treating physician notes the Zorvolex is helping to moderate the discomfort in his left arm. He noted a 50% overall improvement. He is also taking Cymbalta 30 mg daily. The combination of these 2 medications has provided him significant relief into the evening. His pain free range of motion has improved and he was able to participate in physical therapy more adequately. The localized treatment with the therapist also provided additional relief in his left shoulder. His pain is about 4/10 intensity, in the shoulder which intermittently refers into the left arm and hand with parasthesias in the fourth and fifth fingers. He is noted as having a hard time sleeping with significant insomnia. He has responded to the combination of medications and therapy and symptomatically has gotten better. Work status is temporary disability. A hand, wrist and elbow physician progress report dated 5/15/15 notes the injured worker reports that therapy has been provided for his shoulder and it is approximately 50% better. The elbow problem remains unchanged. He is currently taking Zorvolex 35 mg three times a day and Duloxetine 30 mg once a day which have provided some benefit but he complains of sleepiness with the medications. Exam of the left arm notes tenderness at the triceps at the junction of the middle and distal thirds of the arm as well as

tenderness in the antecubital fossa. Tenderness over the medial aspect of the triceps is also noted. Xrays of the left elbow done this visit show normal bone and joint structure. The findings at this time are most consistent with Myositis in the triceps muscle region. The requested treatment is occupational therapy, 2 times a week for the left arm for a quantity of 12.

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 the left arm Qty: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7; 98-99, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99. Decision based on Non-MTUS Citation Official Disability Guidelines Elbow - Physical Therapy.

Decision rationale: MTUS Guidelines consider between 8-10 sessions of hands on therapy as adequate for persistent soft tissue musculoskeletal issues. This is consistent with ODG Guidelines that considered 9 sessions of therapy as appropriate for strains/pain about the elbow region. There are no unusual circumstances to justify an exception to Guideline recommendations. The request for Occupational therapy, 2 times a week, for the left arm Qty: 12.00 is not supported by Guidelines and is not medically necessary.