

Case Number:	CM15-0166349		
Date Assigned:	11/17/2015	Date of Injury:	01/28/2015
Decision Date:	12/24/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/24/2015

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: Physical Medicine & Rehabilitation

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 54 year old male, who sustained an industrial injury on 1-28-2015. Diagnoses include left shoulder impingement and arthrosis of left thumb. Treatments to date include activity modification, NSAID, at least six physical therapy sessions, and therapeutic cortisone joint injection. On 8-24-15, he complained of ongoing pain in the left shoulder and left elbow with decreased range of motion. The record documented he was status post physical therapy of the left shoulder and home exercise program and cortisone injections noted to "not help". The physical examination documented tenderness to the left shoulder and left elbow and left lateral epicondyle with positive Tinel's of the elbow, positive Hawkins sign in the shoulder. The plan of care included eight physical therapy sessions to the shoulder, left shoulder arthroscopy, and injection to left elbow. The appeal requested authorization for a left thumb spica splint, left elbow sleeve, and for twelve (12) occupational therapy sessions for the left upper extremity. The Utilization Review dated 8-13-15, denied the request for the splint and modified the request to allow for four (4) occupational therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thumb spica splint: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Splints, page: 177-178.

Decision rationale: Guidelines recommend as an option of thumb splint for diagnoses of DeQuervain's tenosynovitis to limit motion of inflamed structures and under ODG, noted indication for immobilization treatment of fractures. Submitted reports have not adequately demonstrated the medical necessity for treatment with the thumb spica splint without any clearly documented clinical presentation or limitations to support for this DME. The Thumb spica splint is not medically necessary or appropriate.

Left elbow sleeve: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter, Splinting (padding), page 128; Tennis Elbow Band (epicondylitis): page 132.

Decision rationale: Per guidelines, splinting and padding is recommended for cubital tunnel syndrome or ulnar nerve entrapment, and is to be worn daily and at night, limiting movement, possibly protecting and reducing irritation from hard surfaces; however, remains under study for use with epicondylitis as no definitive conclusions can be drawn concerning effectiveness of standard braces or splints for lateral epicondylitis. Submitted report has not adequately identified clear clinical findings or confirmed electrodiagnostic findings of current acute cubital tunnel entrapment nor its functional benefit or pain relief from any previous trial use. The Left elbow sleeve is not medically necessary or appropriate.

Occupational therapy 3x4 for the left upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Review indicates the request for occupational therapy was modified. Occupational therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified occupational therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the OT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports

show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9- 10 visits of occupational therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal OT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further occupational therapy when prior treatment rendered has not resulted in any functional benefit. The Occupational therapy 3x4 for the left upper extremity is not medically necessary or appropriate.