

Case Number:	CM15-0072141		
Date Assigned:	04/22/2015	Date of Injury:	08/03/2011
Decision Date:	05/20/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/15/2015

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: Orthopedic Surgery, Hand Surgery, Sports 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 59 year old female, who sustained an industrial injury on August 3, 2011. She reported left elbow pain. The injured worker was diagnosed as having bilateral carpal tunnel syndrome, right middle trigger finger and status post left elbow ulnar nerve in situ decompression with highly unstable subluxing nerve. Treatment to date has included radiographic imaging, diagnostic studies, physical therapy, surgical interventions of the left upper extremity, medications and work restrictions. Currently, the injured worker complains of left elbow pain and numbness and numbness of the left hand status post complicated surgical intervention of the left elbow in December of 2014. The injured worker reported an industrial injury in 2011, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on December 18, 2014, revealed continued pain status post surgical intervention. Aqua therapy and post-operative occupational therapy were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative Occupational Therapy (2 times weekly for 4 weeks - 8 sessions), Left Wrist:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271, Postsurgical Treatment Guidelines Page(s): 236-264.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

Decision rationale: The CA MTUS supports 3-8 post-surgical physical medicine treatments over 3-5 weeks. An initial course of therapy is one-half that number of visits as noted on page 10, 4 sessions in this case. Additional therapy sessions up to the maximum 8 visits could be considered if there were functional improvement following the initial 4 sessions as defined on page 1 of the MTUS. Therefore, the request for 8 sessions is not supported by the CA MTUS and is determined to be not medically necessary and appropriate.

Aqua Therapy (2 times weekly for 3 weeks - 6 sessions), Left Elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271, Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 23, Postsurgical Treatment Guidelines Page(s): 236-264.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

Decision rationale: The CA MTUS notes that aquatic therapy is an optional form of exercise recommended where reduced weight bearing is desirable, such as in cases of extreme obesity. The upper extremity does not bear the weight of gravity, so weight bearing is not a factor in this case. There is no scientific support for aquatic therapy in this clinical setting following elbow surgery. Therefore, the request is not medically necessary.