

Case Number:	CM15-0097321		
Date Assigned:	05/28/2015	Date of Injury:	10/27/2014
Decision Date:	07/08/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/20/2015

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: Emergency 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 50 year old male, who sustained an industrial injury on October 27, 2014. The injured worker was diagnosed as having carpal tunnel syndrome and left epicondylitis. Treatment to date has included wrist braces. A progress note dated September 4, 2014 provides the injured worker complains of bilateral arm and elbow pain. He now has finger numbness also. He reports his carpal tunnel brace helps with the numbness. Physical exam notes tenderness of right lateral epicondyle and decreased grip strength on the left. There is a request for bilateral wrist and elbow occupational therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional occupational therapy 2 times a week for 3 weeks (6 visits) for the bilateral wrists: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264-265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand (Acute & Chronic), Physical Therapy.

Decision rationale: The request for Additional occupational therapy 2 times a week for 3 weeks (6 visits) for the bilateral wrists is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 11, Forearm, Wrist and Hand Complaints, Physical Methods, Pages 264-265 and Official Disability Guidelines (ODG), Forearm, Wrist and Hand (Acute & Chronic), Physical Therapy, recommend continued physical therapy with documented objective evidence of derived functional improvement from completed physical therapy sessions as a transition to a dynamic home exercise program. The injured worker has bilateral arm and elbow pain. He now has finger numbness also. He reports his carpal tunnel brace helps with the numbness. Physical exam notes tenderness of right lateral epicondyle and decreased grip strength on the left. The treating physician has not documented objective evidence of derived functional improvement from completed physical therapy sessions, nor the medical necessity for additional physical therapy to accomplish a transition to a dynamic home exercise program. The criteria noted above not having been met, additional occupational therapy 2 times a week for 3 weeks (6 visits) for the bilateral wrists is not medically necessary.

Additional occupational therapy 2 times a week for 3 weeks (6 visits) for the bilateral elbows: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264-265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand (Acute & Chronic), Physical Therapy.

Decision rationale: The request for Additional occupational therapy 2 times a week for 3 weeks (6 visits) for the bilateral elbows is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 11, Forearm, Wrist and Hand Complaints, Physical Methods, Pages 264-265 and Official Disability Guidelines (ODG), Forearm, Wrist and Hand (Acute & Chronic), Physical Therapy, recommend continued physical therapy with documented objective evidence of derived functional improvement from completed physical therapy sessions as a transition to a dynamic home exercise program. The injured worker has bilateral arm and elbow pain. He now has finger numbness also. He reports his carpal tunnel brace helps with the numbness. Physical exam notes tenderness of right lateral epicondyle and decreased grip strength on the left. The treating physician has not documented objective evidence of derived functional improvement from completed physical therapy sessions, nor the medical necessity for additional physical therapy to accomplish a transition to a dynamic home exercise program. The criteria noted above not having been met, additional occupational therapy 2 times a week for 3 weeks (6 visits) for the bilateral elbows is not medically necessary.