

Case Number:	CM14-0185531		
Date Assigned:	11/13/2014	Date of Injury:	01/19/2013
Decision Date:	10/13/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/07/2014

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 was a 39 year old male, who sustained an industrial injury, January 19, 2013. The injury was sustained when the injured worker fell off a platform. According to progress note of January 15, 2014, the injured worker's chief complaint was left wrist aching sensation. The physical examiner reported mild tenderness of the dorsal radiocarpal joint. The sensory and motor exam was intact. There was full range of motion to the all the digits and hand. June 2, 2014, the injured worker had a psychological evaluation noted the pain level as 2-3 out of 10. The injured worker reported the severity of the loss of strength and limited range of motion in the left wrist and hand. The injured worker wore a brace ion the left wrist and hand while at work. The injured worker was right hand dominant. The injured worker worked out and participated in a regular exercise program prior to the injury, but was unable to do so since the injury. The injured worker was undergoing treatment for traumatic arthritis of the left wrist, left epicondylitis, most likely related to overcompensation following left wrist injury. The injured worker previously received the following treatments Ibuprofen Lexapro, Voltaren, Protonix, Ultram and Vicodin; psychiatric evaluation, left wrist x-ray showed significant radial shortening with moderate radiocarpal traumatic arthritis and left wrist brace. The UR (utilization review board) denied certification on October 29, 2014; occupation therapy 3 times a week for 4 weeks for the left elbow and counterforce strap for the loft forearm were denied by the physician advisor due to not medically necessary. The occupational therapy was modified to 6 sessions of occupational therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy 3 x 4 weeks, left elbow and wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Elbow Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Elbow & Upper Arm.

Decision rationale: CA MTUS/Post Surgical Treatment guidelines, Lateral epicondylitis/Tennis elbow (ICD9 726.32): Postsurgical treatment: 12 visits over 12 weeks with of those visits initially authorized. As the request exceeds the recommended guideline, the determination is not medically necessary.