

<b>Case Number:</b>	CM13-0024615		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	02/08/2012
<b>Decision Date:</b>	01/13/2014	<b>UR Denial Date:</b>	08/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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/services.

### 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 patient is a 26 year old male who had an injury to his left elbow on February 8, 2012 as a result of continuous trauma. He was diagnosed with lateral epicondylitis. An office note from June 3, 2013 states complaints of left elbow and left back pain. There is evidence of ulnar nerve entrapment at the elbow on electrodiagnostic studies. Elbow MRI was normal. Treatment plan included 12 occupational therapy sessions and elbow surgery. There is documentation of elbow pain on an August 20 2013 provider note with increased left grip and a tender left epicondyle.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational therapy three (3) times four (4) weeks for the left elbow: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation ODG, Elbow Chapter, Physical Therapy, Lateral epicondylitis/Tennis elbow.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 132.

**Decision rationale:** The treatment is NOT medically necessary. CA MTUS chronic pain guidelines suggest that physical medicine on page 132, "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks" In this case the patient has had physical therapy previously. In addition, CA MTUS gave the recommendation of

9 to 10 visits over an eight week period for myositis. The request for occupational therapy exceeds guidelines. Therefore this request is not medically necessary.