

<b>Case Number:</b>	CM13-0029495		
<b>Date Assigned:</b>	11/01/2013	<b>Date of Injury:</b>	03/19/2010
<b>Decision Date:</b>	02/05/2014	<b>UR Denial Date:</b>	09/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2013

### 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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 50-year-old female who reported an injury on 03/19/2010. The patient is currently diagnosed as status post right cubital tunnel release, status post right lateral epicondylar repair, bilateral forearm tendinitis, bilateral radial tunnel syndrome, trapezial, paracentral, and parascapular strain, and mild left lateral epicondylitis. The patient was seen by [REDACTED] on 09/03/2013. Physical examination revealed mildly decreased range of motion of the cervical spine, slight trapezial and paracentral tenderness, mild radial tunnel tenderness on the right, mild tenderness over the medial aspect of the right elbow, mild radial tunnel tenderness on the left and diminished grip strength. Treatment recommendations included continuation of current medications and occupational therapy weekly for the next 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve (12) occupational therapy visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official disability Guidelines (ODG) Chapter: Neck & Upper Back; Elbow and physical therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand, Physical Therapy.

**Decision rationale:** California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Guidelines allow for a fading of treatment frequency plus active self-directed home physical medicine. Official Disability Guidelines state physical therapy treatment for pain in a joint of the hand, wrist, or forearm includes 9 visits over 8 weeks. As per the clinical note submitted, the patient has completed a previous course of occupational therapy. The patient's recent physical examination on 09/03/2013 by [REDACTED] only revealed mild tenderness to palpation with diminished grip strength. Documentation of a significant musculoskeletal or neurological deficit that would respond to skilled physical medicine treatment was not provided. Furthermore, the current request for 12 occupational visits exceeds guideline recommendations for a total duration of treatment. As such, the request is non-certified.