

<b>Case Number:</b>	CM13-0042078		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/10/2012
<b>Decision Date:</b>	02/24/2014	<b>UR Denial Date:</b>	10/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2013

### 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 Orthopedic Surgery, 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 55 year old female with cumulative trauma claim on 9/10/12. The patient is status post right elbow common extensor debridement with neurectomies posterior cutaneous nerves. The exam note from 9/25/12 demonstrates patient is status post extensor carpi radialis brevis (ECRB) repair. The report of the 29 postoperative occupational therapy visits are completed to date. The request is for 8 additional occupational therapy visits for right elbow

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional occupational therapy for right elbow 2x4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow, physical therapy

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** According to the CA MTUS post surgical treatment guidelines, post-operative physical medicine treatment period is six months. Regarding extensor carpi radialis brevis/ extensor carpi radialis longus (ECRB/ECRL) debridement, the guidelines allow 10 visits over 4 months. In this case, there has been 29 visits of therapy to date. There is lack of

demonstration of medical need for further visits. Therefore, the request is not medically necessary