

Case Number:	CM13-0060429		
Date Assigned:	12/30/2013	Date of Injury:	08/30/2012
Decision Date:	05/21/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	12/03/2013

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. The expert 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 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/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:

27 year old claimant with industrial injury 8/30/12. Exam note 10/24/13 demonstrates right elbow pain with gripping, grasping, pushing and pulling. Report of stiffness in right elbow and pain. Examination demonstrates exquisite tenderness to palpation along the right lateral epicondyle/ECRB origin. Diagnosis of right elbow lateral epicondylitis. MRI right elbow October 4th 2013 demonstrates mild common extensor tendinosis with report of elbow joint being unremarkable.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST-OPERATIVE OCCUPATIONAL THERAPY 2 TIMES A WEEK TIMES 3 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 17.

Decision rationale: The medical necessity of right elbow surgery was deemed non-certified in a prior report. Therefore the determination is for non-certification for postoperative occupational therapy for 6 visits as the primary service was already denied.