

<b>Case Number:</b>	CM13-0071051		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	10/31/2011
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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 Family Medicine and is licensed to practice in Arizona. 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 51-year-old female with a date of injury on 10/31/2011. The patient has ongoing symptoms related to the right wrist and elbow. Right cubital tunnel release surgery was performed on 5/20/2013 and was treated with 28 post-operative occupational therapy sessions. Subjective complaints are of pain in the right wrist, and the pain and strength were improving. Physical exam showed mild lateral epicondylar tenderness and tenderness over cubital tunnel scar. Grip strength was decreased on the right. Treatments include physical therapy, medication, and wrist splints.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational Therapy 2x/week x 6 weeks, right wrist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 17-18.

**Decision rationale:** CA postsurgical guidelines recommend 20 visits over 10 weeks and allow for fading of treatment and development of a home exercise program for cubital tunnel syndrome. Submitted documentation shows that this patient has received 28 visits of

occupational therapy. Therefore, the requested 6 additional visits would exceed guideline recommendations and not be considered medically necessary.