

<b>Case Number:</b>	CM14-0101267		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	04/09/2012
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2014

### 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 Physical Medicine and Rehabilitation, 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:

The injured worker is a 67-year-old female who reported an injury on 04/09/2012. Other therapies include medications, cortisone injection, and physical therapy. The documentation of 05/29/2014 revealed the injured worker had tenderness to the medial epicondyle. The injured worker received 1 week relief with the Celestone injection. The subjective complaints included right elbow pain. The diagnosis included medial epicondylitis of the right elbow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OT (occupational therapy) 2 x 6 right hand and elbow:** 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, forearm, wrist and hand chapter, Physical therapy guidelines, Work Loss Institute: forearm, wrist and hand (acute and chronic) 2011.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

**Decision rationale:** The California MTUS Guidelines recommend physical medicine for myalgia and myositis for 9 to 10 visits. The clinical documentation submitted for review indicated the injured worker underwent previous occupational therapy. There was a lack of

documentation of a quantity of sessions. There was a lack of documentation of objective functional benefit that was received. There was a lack of documentation of objective functional deficits to support the necessity for ongoing therapy. Given the above, the request for OT (occupational therapy) 2x6 right hand and elbow is not medically necessary. Additional diagnoses included sprains and strains of the interphalangeal joint.