

Case Number:	CM14-0013711		
Date Assigned:	02/26/2014	Date of Injury:	01/02/2012
Decision Date:	06/30/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/03/2014

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 Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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 injured worker is a 53 year old right handed female who was employed as a child caregiver and reported an injury on 01/02/2012. She reported that she twisted her left forearm while cleaning a bathtub. Her symptoms were pain in the left lateral elbow, decreased strength in the left hand and occasional numbness in the left hand. On physical examination on 01/14/2014 there was full range of motion of the elbow. She was diagnosed with left lateral epicondylitis and she was placed on light duty. She underwent a left lateral elbow arthroscopy with synovectomy, left partial epicondylectomy, secondary repair of the left extensor carpi radialis brevis tendon on 10/28/2013. She attended 12 post operative occupational therapy sessions between November of 2013 and January of 2014. There is no request for authorization included with the submitted chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT ADDITIONAL POST OPERATIVE OCCUPATIONAL THERAPY TWO (2) TIMES A WEEK TIMES SIX (6) WEEKS TO THE LEFT ELBOW: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM PRACTICE GUIDELINES, ELBOW DISORDERS,

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The request for outpatient additional post operative occupational therapy two (2) times a week times six (6) weeks to the left elbow is not medically necessary. The injured worker was diagnosed with left lateral epicondylitis. The injured worker underwent a left lateral elbow arthrotomy with synovectomy, left partial epicondyloectomy, secondary repair of the left extensor carpi radialis brevis tendon on 10/28/2013. The California MTUS guidelines allow for 12 postsurgical physical medicine treatments over 12 weeks. The injured worker has already completed the 12 suggested postsurgical occupational therapy visits. In addition, as of 01/14/2014 the injured worker had full range of motion of the elbow. Therefore, the request for outpatient additional post operative occupational therapy two (2) times a week times six (6) weeks to the left elbow is not medically necessary.