

<b>Case Number:</b>	CM14-0133429		
<b>Date Assigned:</b>	08/25/2014	<b>Date of Injury:</b>	11/29/2009
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2014

### 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 Orthopedic Surgery and is licensed to practice New York. 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 patient is a 30-year-old female with a date of injury of November 29, 2009. The medical records indicate that the patient has had 18 visits of occupational therapy. The patient still has problems using her arm. She has difficulty holding small objects. She has pain in the right forearm. Active range of elbow motion is limited. Physical examination demonstrates reduced range of elbow motion. The patient also has numbness in the hand. At issue is whether additional occupational therapy visits are medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **8 Occupational Therapy Sessions for the Right Elbow: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation ODG elbow pain chapter, ACOEM elbow pain chapter.

**Decision rationale:** MTUS postsurgical rehab guidelines state that postsurgical treatment for lateral epicondylitis is up to 12 weeks of therapy consisting of 12 visits total for post-surgical physical medicine treatment. The medical records indicate that the patient did have significant objective functional improvement with previous occupational therapy. However, the patient already completed 19 sessions of occupational therapy. Therefore 5-6 more visits exceed

guidelines recommendations of 12 visits for postsurgical treatment lateral epicondylitis.  
Guidelines for additional occupational therapy are not met.