

<b>Case Number:</b>	CM14-0173474		
<b>Date Assigned:</b>	10/24/2014	<b>Date of Injury:</b>	12/03/2013
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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 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:

42-year-old female claimant with an industrial injury dated 12/03/13. The patient is status post a right elbow lateral release and repair on 08/06/14. Conservative treatments have included a long arm splint, medications, and OT. Exam note 09/23/14 states the patient returns with a sharp, shooting pain in the right elbow. Upon physical exam a well-healed scar is visible and the defect has filled in to normal standards. The patient states that the pain levels have decreased from a 9-10 to a 1-2. There was hypersensitivity over the scar and the patient states that it feels like a "brush burn". The patient claims that this caused to pain to increase to an 8/10. Records indicate the claimant has completed 12 visits postoperatively. Treatment included additional OT sessions for the right elbow and wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational Therapy 2X6 Weeks for the Right Elbow and Right Wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Post Surgical Medical Treatment Page(s): 98.

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

**Decision rationale:** CA MTUS/Post-surgical treatment guidelines, Elbow, Lateral Epicondylitis, page 17 state that 12 visits over 12 weeks. In this case the requested physical therapy visits is not medically necessary as the claimant has exceeded the allotted number of visits. There is no documentation in the records why a home program would not suffice or objective findings to warrant exceeding the guideline recommendations. Therefore the request is not medically necessary.