

<b>Case Number:</b>	CM14-0177555		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	02/15/2013
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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:

Claimant with reported industrial injury of 2/15/13. Exam note 8/6/14 demonstrates claimant with report of right shoulder, right elbow and right wrist pain. Claimant reports that the pain in the right elbow is rated as an 8 out of 10. Examination of the right wrist demonstrates pain with wrist extension. Tenderness is noted over the lateral and medial aspect of the elbow. Positive Tinel's is noted over the ulnar nerve. Claimant is approximately 6 months from right lateral epicondylar debridement and ulnar nerve decompression. 7 sessions of therapy has been performed since surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional post-operative occupational therapy, 2x WK x 6 Wks for the right elbow and arm, QTY:12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow Procedure Summary

**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 time period from the lateral epicondylectomy and was discharged from therapy. 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 determination is not for medically necessary.

**Diclofenac 3%/Lidocaine 5% 180g, QTY: 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, pages 111-112 "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Therefore the determination is not for medically necessary.