

Case Number:	CM14-0035533		
Date Assigned:	06/23/2014	Date of Injury:	10/07/2013
Decision Date:	07/25/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	03/24/2014

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 Occupational Medicine and is licensed to practice in Texas. 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 35 year old female whose date of injury is October 07, 2013. The injured worker developed bilateral upper extremity symptoms secondary to repetitive motion. Treatment to date includes six visits to occupational therapy, acupuncture and medication management. Progress report dated March 10, 2014, indicates that left elbow pain is rated as 9-10/10. Assessment notes bilateral elbow pain, bilateral elbow lateral epicondylitis, and bilateral upper extremity overuse syndrome. The injured worker underwent left elbow injection on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of occupational therapy with evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter, Physical therapy.

Decision rationale: Based on the clinical information provided, the request for 12 sessions of occupational therapy with evaluation is not recommended as medically necessary. The

submitted records indicate that the injured worker has completed six occupational therapy visits to date. The Official Disability Guidelines support up to 8 sessions of physical therapy for the injured worker's diagnosis, and there is no clear rationale provided to support exceeding this recommendation. There are no exceptional factors of delayed recovery documented. The injured worker has completed sufficient formal therapy and should be capable of continuing to improve strength and range of motion with an independent, self-directed home exercise program.