

<b>Case Number:</b>	CM14-0073835		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	09/12/2011
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	05/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2014

### 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 Orthopaedic 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:

This 43-year-old female sustained an industrial injury on 9/12/11. The injury occurred when she was pulling boxes. Past surgical history was positive for right carpal tunnel release on 5/23/12 and left carpal tunnel release on 4/10/13. The patient underwent right lateral and medial epicondylectomies with fasciotomy, tendon debridement, and tendon reattachment. Post-operative physical therapy was certified for 24 visits. The 4/23/14 treating physician report cited moderate right elbow pain with use. Right elbow physical exam findings documented slight swelling and tenderness with motion improved 10-135 degrees. Bilateral upper extremity motor is normal. Continued occupational therapy was recommended 2 times per week. The 4/28/14 physical therapy log indicated the patient attended 14 visits with 11 more visits authorized. The 5/8/14 utilization review denied the request for additional occupational therapy as the patient had weeks of therapy authorized and it was premature to predict her condition at that time, and a specific duration was not requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continue Occupational Therapy QTY: 2 (Duration not specified): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 18-22.

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

**Decision rationale:** Post-Surgical Treatment Guidelines for lateral epicondylitis suggest a general course of 12 post-operative physical medicine visits over 12 weeks, during the 6-month post-surgical treatment period. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical period. Guideline criteria have not been met. This patient has been approved for additional occupational therapy with 11 visits remaining at the time of this request. There is no current documentation of a specific functional treatment goal or evidence of objective measurable functional improvement to date. There is no compelling reason to support on-going supervised therapy over the transition to an independent home exercise program at the conclusion of authorized care. Additionally, this request for continued occupational therapy 2 times per week lacks a definitive duration. Therefore, this request for continued occupational therapy is not medically necessary.