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| <b>Case Number:</b>   | CM14-0198009 |                              |            |
| <b>Date Assigned:</b> | 12/08/2014   | <b>Date of Injury:</b>       | 12/03/2013 |
| <b>Decision Date:</b> | 01/23/2015   | <b>UR Denial Date:</b>       | 11/19/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/25/2014 |

### 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 Physical Medicine Rehab, has a subspecialty in Interventional spine 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:

The patient is a 42-year-old female with an injury date of 12/03/13. Based on the 09/25/14 progress report, the patient complains of pain over incision area. She is status post right elbow lateral release with anconeus rotational flap for coverage of lateral elbow deficit with surgery date of 08/06/14. Physical examination on 09/25/14 shows surgical wound healed, and "defect area filled in nicely." Per PT report 10/10/14, patient had 14 physical therapy visits between 08/14/14 and 10/10/14. Patient is not working. Treater does not state the reason for the request. Diagnosis 08/16/14 Chronic right elbow lateral epicondylitis Right elbow depigmentation and subcutaneous fat atrophy from previous cortisone injection. The utilization review determination being challenged is dated 11/19/14. The rationale was ". Passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms." Treatment reports were provided from 05/30/14 to 09/25/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OT x 12 for the right elbow:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines post-surgical guidelines, Elbow & Upper Arm Page(s): 15-17.

**Decision rationale:** Patient presents with pain over incision area. The request is for OT x 12 for right elbow. Patient is status post right elbow lateral release with anconeus rotational flap for coverage of lateral elbow deficit. Diagnosis on 08/16/14 is chronic right elbow lateral epicondylitis. PT report 10/10/14 shows the patient completed 14 physical therapy visits between 08/14/14 and 10/10/14. Patient is not working. Treater does not state the reason for the request. MTUS post-surgical guidelines, pages 15-17, Elbow & Upper Arm Elbow & Upper Arm (MTUS post-surgical pg15-17) Elbow collateral ligament repair [DWC]: Postsurgical treatment: 14 visits over 6 months Postsurgical physical medicine treatment period: 8 months The treater does not report on the patient's progress and why additional therapy is needed. Per physical therapy record dated 10/10/14, patient received 14 sessions starting on 08/14/14. The request for an additional 12 sessions exceeds the allowable post-operative physical therapy sessions for the condition based on MTUS guidelines. The request is not medically necessary.