

Case Number:	CM14-0202473		
Date Assigned:	12/15/2014	Date of Injury:	09/13/2012
Decision Date:	03/11/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/03/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 is a 64 year old female who sustained a work related injury on 9/16/2012. The mechanism of injury has not been provided with the documentation submitted. Per the Primary Treating Physician's Progress Report dated 11/06/2014, she is status-post recent left elbow surgery. The injured worker reported that she is doing well since the surgery. Objective findings of the left elbow examination included no soft tissue swelling, marked tenderness to palpation and tenderness to palpation over the lateral epicondyle. There is pain with resistance/repetitive dorsiflexion of the wrist. There is no tenderness with a negative Tinel's sign over the cubital tunnel, radial tunnel and pronator wad. There is no pain or paresthesias with resisted elbow motion/finger flexion. There is a negative middle finger extension sign. There is no instability or pain with stressing. Range of motion: extension 0 (zero) degrees, flexion 115 degrees, pronation 80 degrees and supination 80 degrees. Diagnoses included left lateral epicondylitis and status-post probable repair of the left lateral epicondyle dated 10/03/2014. Per the surgical report dated 10/03/2014, she underwent an extensor release, debridement, and reattachment of the left elbow as well as partial lateral epicondylectomy and excision of calcium deposits extensor origin. Work Status was temporarily totally disabled. The injured worker has already received visits of occupational therapy per the Primary Treating Physician's report dated 04/28/2014, but the number of sessions is not specified. Per the UR she has received at least 5 sessions. On 11/19/2014, Utilization Review non-certified a prescription for Occupational Therapy 2 times a week for 6 Weeks (12 visits) to the left elbow based on lack of medical necessity or valid

documentation to substantiate the need to exceed the recommended guidelines. The CA MTUS Post-surgical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy 2 Times A Week for 6 Weeks to The Left Elbow: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 98-99.

Decision rationale: The MTUS recommends passive therapy only during the early phases of the treatment and when they can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. The age of the patient's claim does not meet the requirement of the early phase of treatment, however, at the time of the request the patient was 4 weeks out from surgery. This situation does be the requirements of the early phase of treatment. I am reversing the previous utilization review decision. Occupational Therapy 2 Times A Week for 6 Weeks to The Left Elbow is medically necessary.