

<b>Case Number:</b>	CM15-0133808		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	11/04/2014
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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: Texas, Illinois

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 49-year-old female sustained an industrial injury to the right elbow on 11/4/14. Magnetic resonance imaging left elbow (12/15/14) showed a superficial tear at the common extensor origin. Previous treatment included physical therapy, injections and medications. The injured worker underwent right elbow lateral epicondylar debridement and radiocapitellar arthrotomy and synovectomy. As of 5/20/15, the injured worker had received 10 sessions of postoperative occupational therapy. In a PR-2 dated 5/26/15, physical exam was remarkable for a bit of ongoing stiffness and tenderness to the right elbow. The surgical wound was healing well signs of infection. Current diagnoses included right elbow lateral epicondylar repair. The treatment plan included keeping her off work for an additional six weeks and six additional occupational therapy sessions for strengthening.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational therapy 1x6 - right elbow:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

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

**Decision rationale:** The injured worker sustained a work related injury on 11/4/14. The medical records provided indicate the diagnosis of right elbow lateral epicondylar debridement and radiocapitellar arthrotomy and synovectomy. Treatments have included physical therapy, injections and medications. The medical records provided for review do not indicate a medical necessity for: Occupational therapy 1x6 - right elbow. The medical records indicate she has had 10 out of the 12 post-surgical physical medicine treatment visits recommended by the MTUS in a postsurgical physical medicine treatment period of 6 months. The additional request exceeds the number recommended by the Guidelines. The request is not medically necessary.