

<b>Case Number:</b>	CM15-0141273		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	04/13/2015
<b>Decision Date:</b>	08/27/2015	<b>UR Denial Date:</b>	07/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

The injured worker is a 47-year-old male who sustained an industrial injury on April 13, 2015 resulting in left-sided wrist elbow and shoulder pain. He was diagnosed with left lateral epicondylitis, and thoracic spine and shoulder sprain. Documented treatment has included bracing, occupational therapy which is reported to have been beneficial, home stretching, and topical medication. The injured worker continues to report back, shoulder, elbow and wrist pain. The treating physician's plan of care includes 6 additional occupational therapy sessions for the left elbow. Work status is modified duty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 additional occupational therapy sessions for left elbow: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

**Decision rationale:** 6 additional occupational therapy sessions for left elbow are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this patient's condition. The documentation indicates that the patient has had prior PT for the elbow which has exceeded the recommended 10 supervised therapy visits per the MTUS. The patient should be versed in a home exercise program. There are no extenuating factors which would necessitate 6 more supervised therapy visit. Therefore, this request is not medically necessary.