

<b>Case Number:</b>	CM15-0209718		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	07/08/2015
<b>Decision Date:</b>	12/17/2015	<b>UR Denial Date:</b>	09/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/26/2015

### 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, New York, 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:

The applicant is a represented [REDACTED] beneficiary who has filed a claim for elbow pain reportedly associated with an industrial injury of July 8, 2015. In a Utilization Review report dated September 25, 2015, the claims administrator failed to approve a request for 18 sessions of physical therapy for the elbow. A September 2, 2015 office visit was referenced in the determination. Non-MTUS ODG Guidelines were invoked in the determination, despite the fact that the MTUS addresses the topic. The applicant's attorney subsequently appealed. On said September 2, 2015 office visit, the applicant reported ongoing issues with elbow pain, with associated difficulty lifting, carrying, gripping, grasping, pushing, and pulling. Derivative complaints of depression and anxiety had arisen, the applicant noted. The applicant was off of work, on total temporary disability, the treating provider acknowledged, prior to the evaluation. Well-preserved, 5/5 upper extremity motor function was reported, despite tenderness about the lateral epicondylar region. X-rays of the elbow were reportedly negative. The applicant was given diagnosis of elbow contusion with resultant ulnar neuritis, medial epicondylitis, lateral epicondylitis, and triceps tendonitis. MRI imaging of the elbow, electrodiagnostic testing of the bilateral upper extremities, ultrasound testing of the elbow, and 18 sessions of occupational therapy were endorsed while naproxen and Prilosec were prescribed. The applicant was kept off of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational therapy 3 times a week for 6 weeks, left elbow: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Elbow Complaints 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Elbow Complaints 2007, Section(s): Lateral Epicondylalgia.

**Decision rationale:** No, the request for 18 sessions of occupational therapy for the elbow was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 10, page 26 does acknowledge that applicants with more severe elbow epicondylitis complaints should receive 8-12 visits, the MTUS Guideline in ACOEM Chapter 10, page 26 notes that functional improvement and program progression are needed to justify treatment at the upper end of the ACOEM-endorsed course. The MTUS Guideline in ACOEM Chapter 10, page 26 also notes that the beneficial effects of a particular treatment or modality should be evident within 2-3 visits, noting that continuing a treatment which has not resulted in objective improvement is not reasonable. The MTUS Guideline in ACOEM Chapter 10, page 26 notes that treatments which did not result in improvement after a couple of visits should be modified substantially or discontinued. Here, thus, the request for 18 sessions of occupational therapy for the elbow without any proviso to re-evaluate the applicant following introduction of treatment was not, in fact, reasonable and was at odds with the MTUS Guideline in ACOEM Chapter 10, page 26. Therefore, the request was not medically necessary.