

Case Number:	CM15-0222433		
Date Assigned:	11/18/2015	Date of Injury:	10/10/2014
Decision Date:	12/30/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	11/12/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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, with a reported date of injury of 10-10-2014. The diagnoses include left elbow sprain and strain, left lateral elbow epicondylitis, neuralgia, and myofascial pain. The medical report dated 10-28-2015 indicates that the injured worker was status post a left lateral epicondyle debridement and radial tunnel release. He complained of mild shoulder pain. The physical examination showed a well-healed incision; full extension of the elbow; and full range of motion of the shoulder but with pain with overhead motion. The injured worker's work status was not indicated. The medical report dated 08-27-2015 indicates that the injured worker complained of pain and stiffness after a left lateral epicondyle debridement and radial tunnel release, which the treating physician noted as "appropriate". The physical examination showed a well-healed incision; and no evidence of infection. The sutures were removed. It was noted that the injured worker would remain on temporary disability. The diagnostic studies to date have included an MRI of the left elbow on 04-29-2015 which showed severe lateral epicondylitis with moderate sized interstitial tear of the common extensor tendon; and electrodiagnostic studies of the bilateral upper extremities on 06-17-2015 which showed cervical radiculopathy on the left side. Treatments and evaluation to date have included Neurontin, therapy, a tennis elbow band, two cortisone injections, acupuncture, psychiatric care, cocoa butter stick, Lidopro cream, Naproxen, lateral epicondyle debridement with reattachment of the extensor tendons and synovectomy of the radiocapitellar joint on 08-14-2015, TENS unit, home exercise program, and chiropractic treatment. The treating physician requested twelve (12) occupational therapy sessions for the left elbow, two times a week for six weeks. On 10-26-

2015, Utilization Review (UR) non-certified the request for twelve (12) occupational therapy sessions for the left elbow, two times a week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy 2x a week for 6 weeks to the left elbow (12 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Elbow & Upper Arm.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Elbow & Upper Arm.

Decision rationale: The current request is for OCCUPATIONAL THERAPY 2X A WEEK FOR 6 WEEKS TO THE LEFT ELBOW (12 SESSIONS). Treatments have included Neurontin, physical therapy, a tennis elbow band, two cortisone injections, acupuncture, psychiatric care, medications, lateral epicondyle debridement with reattachment of the extensor tendons and synovectomy of the radiocapitellar joint on 08/04/15, TENS unit, home exercise program, and chiropractic treatment. The patient is temporarily disabled. MTUS Postsurgical Treatment Guidelines for Elbow & Upper Arm pg 15-17 state: Elbow diagnostic arthroscopy and arthroscopic debridement [DWC]: Postsurgical treatment: 20 visits over 2 months. Postsurgical physical medicine treatment period: 4 months. Per report 08/27/15, the patient presents with pain and stiffness following the left lateral epicondyle debridement and radial tunnel release on 08/04/15. The treating physician requested twelve occupational therapy sessions for the left elbow, two times a week for six weeks. This patient has completed 10 out of 12 post-operative PT sessions. In this case, additional sessions may be warranted given the patient has only completed 10 sessions post-operatively; however the MTUS Postsurgical Treatment Guidelines for Elbow recommends 20 visits following surgery. The patient has been authorized for 12 sessions, and the additionally requested 12 sessions would exceed what is recommended by MTUS. Therefore, the request IS NOT medically necessary.