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| <b>Case Number:</b>   | CM15-0035864 |                              |            |
| <b>Date Assigned:</b> | 03/04/2015   | <b>Date of Injury:</b>       | 11/02/2010 |
| <b>Decision Date:</b> | 04/15/2015   | <b>UR Denial Date:</b>       | 01/27/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/25/2015 |

### 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 51-year-old female with an industrial injury dated November 2, 2010. The injured worker diagnoses include recurrent right lateral epicondylitis, status post revision right lateral epicondylitis repair with anconeus muscle flap, and previous right radial thumb ulnar release. She has been treated with diagnostic studies, radiographic imaging, prescribed medications, 18/24 occupational therapy sessions, home exercise therapy and periodic follow up visits. According to the progress note dated 1/12/2015, the treating physician noted that the injured worker was four months post op and felt that the pain might be worsening. The injured worker reported pain radiating from her elbow down to her thumb. Physical exam revealed tenderness on the right proximal dorsal to mid forearm. The treating physician prescribed postoperative occupational therapy 2 times a week for 4 weeks for the right elbow QTY: 8.00. Utilization Review determination on January 27, 2015 denied the request for postoperative occupational therapy 2 times a week for 4 weeks for the right elbow QTY: 8.00, citing MTUS Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-op occupational therapy 2 times a week for 4 weeks for the right elbow:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 15-17.

**Decision rationale:** The 51-year-old patient is four months status post revision right lateral epicondylar repair with anconeus muscle flap and previous right radial thumb ulnar release, as per progress report dated 01/12/15. The request is for POST-OP OCCUPATIONAL THERAPY 2 TIMES A WEEK FOR FOUR WEEKS FOR THE RIGHT ELBOW. The RFA for the case is dated 01/19/15, and the patient's date of injury is dated 11/02/10. Currently, the patient suffers from pain that radiates from her elbow down to her thumb, as per progress report dated 01/12/15. The patient has been allowed to work with restrictions, as per the same progress report. MTUS Guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." MTUS, post-surgical guidelines pages 15-17, recommend 12 sessions of physical therapy over 12 weeks for lateral epicondylar surgeries. The Post-operative period is 6 months. In this case, the patient underwent right lateral epicondylar repair on 09/05/14, as per the operative report. The RFA is dated 01/19/15, indicating that the patient is within the post-operative time frame. However, the patient has already completed 18 out of 24 post-op therapy sessions, as per progress report dated 01/12/15. The treater states that "She would benefit from additional therapy," but does not document the impact of prior therapy on pain and function. Additionally, the treater's request exceeds the 12 sessions recommended by MTUS in post-operative cases. Hence, the request IS NOT medically necessary.