

Case Number:	CM15-0048149		
Date Assigned:	03/20/2015	Date of Injury:	12/19/2013
Decision Date:	05/06/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/13/2015

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, Hawaii
 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 62-year-old male, who sustained an industrial injury on December 19, 2013. He reported an injury to his right elbow. The injured worker was diagnosed as having post-traumatic right lateral epicondylitis. Treatment to date has included surgical intervention to the right elbow, post-operative occupational therapy, MRI of the right elbow, and medications. The injured worker was evaluated on December 18, 2014 at the two and one half month post-operative period. The evaluating physician noted that the right elbow wounds were well healed and the injured worker has full range of motion with flexion and extension. There is no tenderness over the elbow. His treatment plan includes twelve visits of occupational therapy to focus on range of motion and strengthening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy, twice a week for six weeks for the right arm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-16.

Decision rationale: The patient presents with post-traumatic right lateral epicondylitis. Surgical intervention was performed in late 2014 to the right elbow. Treatment has included post-operative occupational therapy, MRI of the right elbow and medications. The current request is for Occupational Therapy, twice a week for six weeks for the right arm. The treating physician states, "Two and a half months post op, over all doing well. Requested Authorizations: Hand therapy two times a week for six weeks." MTUS Guidelines for this condition state, "for postsurgical treatment: 12 visits over 12 weeks." In this case, the clinical history as of 1/12/15 (35) documents that the injured worker has completed 16 sessions of Occupational Therapy. Additionally, the injured worker has received prior authorization up to 24 sessions of Occupational Therapy as noted in the UR denial dated 3/6/15 (82). Therefore, the patient has not completed their current allotment of treatment, which is in fact in excess of MTUS Guidelines. The current request is not medically necessary and the recommendation is for denial.