

Case Number:	CM15-0050057		
Date Assigned:	03/23/2015	Date of Injury:	03/25/2012
Decision Date:	05/06/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/17/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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 65 year old female, who sustained an industrial injury on 3/25/2012. Diagnoses have included left lateral epicondylitis and status post revision left lateral epicondyle repair with anconeus muscle flap. Treatment to date has included occupational therapy. According to the progress report dated 2/24/2015, the injured worker reported that the pain and strength in her left elbow were improving with therapy. Physical exam revealed full range of motion at the left elbow with some pain at the extremes of motion. There was mild tenderness over the lateral aspect of the elbow. It was noted that the injured worker was making ongoing progress with therapy. The treatment plan was to continue with occupational therapy twice a week.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy 2 Times A Week for 6 Weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 17.

Decision rationale: The patient underwent left epicondylar repair in November 2014. The patient was treated with 24 visits occupational therapy postoperatively. The recommended postsurgical physical medicine treatment is 12 visits over 12 weeks with postsurgical physical medicine treatment period of 6 months. In this case, number of treatments received surpasses the recommended number of treatments. In addition, the patient has full range of motion. Additional occupational therapy is not necessary. The request is not be authorized.