

<b>Case Number:</b>	CM15-0059328		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	12/02/2012
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	03/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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, North Carolina

Certification(s)/Specialty: Family Practice

### 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 54-year-old male, who sustained an industrial injury on December 2, 2012. He has reported right elbow pain and wrist pain. Diagnoses have included cubital tunnel syndrome, right lateral epicondylitis, chronic pain syndrome, wrist strain, and elbow strain. Treatment to date has included medications, home exercise, right cubital tunnel release, right lateral debridement/revision of the ulnar nerve, steroid injections, imaging studies, and diagnostic testing. A progress note dated February 5, 2015 indicates a chief complaint of medial elbow pain, and disappearing lateral elbow pain. The treating physician documented a plan of care that included therapy and follow up in four weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational Therapy 2 x week x 4 weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10-12.

**Decision rationale:** The request is for a second round of post-surgical occupational therapy to the right elbow. CA MTUS guidelines state initial course of therapy means one-half of the number of visits specified in the general course of therapy for the specific surgery in the post-surgical physical medicine treatment recommendations. At a post-op visit on 2/5/2015, the patient complained of medial elbow "discomfort" and requested more occupational therapy. The surgeon's exam showed well-healed surgical scars, a stable ulnar nerve anteriorly and full range of motion of the elbow. He was pronounced able to return to work with no restrictions and encouraged to use the arm as much as he could. The surgeon stated that the elbow discomfort was normal and that he should return in 2 months for follow-up when his symptoms completely resolved. The request for additional occupational therapy is deemed not medically necessary due to the patient's excellent post-op recovery.