

Case Number:	CM13-0038419		
Date Assigned:	12/18/2013	Date of Injury:	02/13/2007
Decision Date:	02/26/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/25/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 50-year-old female with date of injury on 02/13/2007. The progress report on 08/07/2013 by [REDACTED] indicates that the patient's diagnoses include: Right lateral epicondylitis, status post bilateral carpal tunnel release. The patient is deemed permanent and stationary. The patient reported an increase in right lateral elbow pain due to cumulative, repetitive work doing clerical work. Exam findings indicated decreased grip strength on the right side compared to the left. The right elbow had full range of motion, no instability, tenderness to the lateral epicondyle. There were x-ray findings that were negative. The patient was fitted with a right tennis elbow strap. She was instructed to do ice massage. It was decided to hold off on injection at this point. The utilization review letter dated 10/11/2013 indicates there was a request for 12 sessions of occupational therapy which was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The records appear to indicate this patient continues with a recent flare up of right elbow pain secondary to repetitive use trauma. It does not appear the patient has had any recent surgeries in the last several months. MTUS Guidelines on Page 98 and 99, regarding physical medicine, recommend 9 to 10 visits of physical therapy from myalgia and myositis, unspecified. The requested 12 sessions of occupational therapy exceeds the 9 to 10 sessions recommended by MTUS. Therefore, recommendation is for denial.