

<b>Case Number:</b>	CM14-0114391		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	05/15/2011
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2014

### 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. The expert 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 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/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 49 year old female with an injury date of 05/15/11. Based on the 02/03/14 progress report provided by [REDACTED] the patient complains of continued pain in her left shoulder, elbow and hand. Physical examination reveals tenderness over left forearm. The therapy she has been getting has been primarily for her left hand and is not really treating her shoulder or her elbow. Patient is temporarily totally disabled. Per 03/27/14 occupational therapy report provided by [REDACTED], patient had 24 visits to date. Patient has problems dressing, grooming and bathing. Pain is a little better according to patient. Short term goals of 6 weeks includes regaining elbow extension to 0 and ability to retrieve a box of cereal. A long term goal at 12 weeks is to fasten bra in the back and perform personal hygiene. Diagnosis 02/03/14:- status post bilateral carpal tunnel releases, dated unspecified- status post left cubital tunnel release, date unspecified- mild right cubital tunnel syndrome- left shoulder rotator cuff tendinosis [REDACTED] is requesting occupational therapy left elbow #12. The utilization review determination being challenged is dated 07/08/14. The rationale is "no documentation of functional benefits of previous therapy sessions." [REDACTED] is the requesting provider, and he provided treatment reports from 02/03/14 - 07/18/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational therapy- Left Elbow #12:** Upheld

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

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

**Decision rationale:** Patient presents with continued pain in her left shoulder, elbow and hand. The request is for occupational therapy left elbow #12. Patient is status post left cubital tunnel release, date unspecified. Post-operative time period indications were not applied to this case. MTUS pages 98,99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, 9-10 visits are recommended over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks." Per 03/27/14 occupational therapy report, patient had 24 visits to date. Per progress report dated 02/03/14, treater states treatments rendered were primarily for her left hand and not for her elbow. However, request for 12 occupational therapy sessions exceeds what is allowed by MTUS. Therefore, this request is not medically necessary.