

<b>Case Number:</b>	CM15-0016659		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	01/25/2014
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 53 year old male who sustained a work related injury on January 25, 2014, after slipping and falling injuring his right knee. Diagnosis was chondromalacia and a medial meniscus tear. Treatment included anti-inflammatory medication, physical therapy, and knee brace. In July, 2014, he complained of right elbow pain and a right elbow arthroscopic surgery was performed. A diagnosis of synovitis and right lateral epicondylitis of the right elbow was made. On 7/2/14 he underwent a right elbow operative arthroscopy, extensive debridement of the posterolateral synovium and a right lateral epicondylectomy, fasciotomy, tendon debridement and tendon reattachment surgery. Occupational therapy visits were ordered for the injured worker. A 12/12/14 PT note states that the patient has 65 lb grip strength. Range of motion of right elbow 0 to 135. The patient was compliant with home exercise and shows improvement in all areas. A 1/14/15 progress note indicates his elbow range of motion is 0/140 degrees. Currently, in January, 2015, the injured worker complains of ongoing right knee pain, and occasional numbness in the elbow. On February 17, 2015, a request for a service of Occupational Therapy twice a week for two weeks was non-certified by Utilization Review, noting California Medical Treatment Utilization Schedule.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**4 occupational therapy visits:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 16; 17.

**Decision rationale:** 4 occupational therapy visits is not medically necessary per the MTUS Guidelines. The post surgical guidelines recommend up to 20 PT visits for an elbow diagnostic arthroscopy and arthroscopic debridement and recommend up to 12 visits for lateral epicondylitis surgery. The documentation indicates that the patient has had 22 post op visits. The MTUS recommends a transition to an independent home exercise program. His elbow range of motion is within the functional range required for most activities. He is independent in a home exercise program. There are no extenuating circumstances requiring 4 more occupational therapy visits. Therefore this request is not medically necessary.