

Case Number:	CM15-0119618		
Date Assigned:	06/30/2015	Date of Injury:	01/05/2009
Decision Date:	07/29/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/22/2015

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, Indiana, Oregon
 Certification(s)/Specialty: Orthopedic Surgery

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 50 year old female who sustained an industrial injury on January 5, 2009. She has reported persistent pain in the medial aspect of the right elbow and has been diagnosed with chronic right medial epicondylitis, bilateral forearm tendinitis, trapezial and parascapular strain, status post right epicondylar repair, status post right carpal tunnel release with ulnar nerve decompression at the wrist, status post revision left carpal tunnel release with hypothenar flap, status post left wrist arthroscopy with synovectomy and debridement of TFCC tear, and status post left medial and lateral epicondylar repairs. Treatment has included surgery and occupational therapy. There was full range of motion of the upper extremities. There was moderate medial epicondylar and flexor pronator origin tenderness on the right. There was minimal lateral epicondylar tenderness on the right. The treatment request included occupational therapy to the right elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Occupational therapy for the right elbow, 2 times a week for 6 weeks, quantity: 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 18.

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

Decision rationale: CA MTUS/Post surgical treatment guidelines, Elbow, lateral epicondylitis, page 17 state that 12 visits over 12 weeks. In this case, the requested physical therapy visits is not medically necessary as the claimant has exceeded the time period from the lateral epicondylitis treatment and was discharged from therapy. There is no documentation in the records why a home program would not suffice or objective findings to warrant exceeding the guideline recommendations.