

<b>Case Number:</b>	CM15-0126390		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	07/01/2013
<b>Decision Date:</b>	08/10/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 47 year old female with an industrial injury dated 07/01/2013. The injured worker's diagnoses include overuse syndrome of right upper extremity, right elbow lateral epicondylitis, bursitis/tendonitis of right shoulder, and right shoulder labral tear. Treatment consisted of diagnostic studies, prescribed medications, physical therapy and periodic follow up visits. In a progress note dated 05/28/2015, the injured worker reported right elbow pain with improvement in shoulder pain and range of motion. Objective findings revealed tenderness at right lateral epicondyle. Some documents within the submitted medical records are difficult to decipher. The treatment plan consisted of authorization for right elbow surgery. The treating physician prescribed services for post- operative occupational therapy 2 times per week for 4 weeks now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post operative occupational therapy 2 times per week for 4 weeks:** 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, postoperative occupational therapy two times per week times four weeks is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are overuse syndrome right upper extremity; lateral epicondylitis right elbow; bursitis/tendinitis right shoulder; and labral tear right shoulder. Date of injury is July 1, 2013. Request for authorization is dated June 22, 2015. The injured worker underwent right shoulder arthroscopy March 10, 2015. The request for post-operative occupational therapy is directed to an anticipated surgery of the right epicondyle that has not been approved at this point. The injured worker is awaiting authorization for debridement right lateral condyle. The most recent progress note dated May 28, 2015 states the injured worker is still awaiting authorization for the surgery. The surgery has not yet been authorized. As a result, postoperative occupational therapy is premature at this point. Consequently, absent clinical documentation with authorization for postoperative occupational therapy, postoperative occupational therapy two times per week times four weeks is not medically necessary.