

<b>Case Number:</b>	CM15-0127082		
<b>Date Assigned:</b>	07/13/2015	<b>Date of Injury:</b>	04/05/2010
<b>Decision Date:</b>	08/07/2015	<b>UR Denial Date:</b>	06/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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

Certification(s)/Specialty: Emergency 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 63 year old male, who sustained an industrial injury on 4/5/10. The injured worker was diagnosed as having lesion of the ulnar nerve, stiffness of upper arm joint, and pain in joint of the upper arm. Treatment to date has included right elbow cubital tunnel release on 5/21/15. Currently, the injured worker complains of pain in the right elbow with swelling, tenderness to palpation at the incision site, and decreased function. The treating physician requested authorization for occupational therapy x28.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational (x28):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

**Decision rationale:** The requested Occupational (x28), is not medically necessary. CA MTUS Post-Surgical Treatment Guidelines, Elbow & Upper Arm, Page 16, Cubital tunnel release [DWC]:noted: "Postsurgical treatment: 20 visits over 3 months Postsurgical physical

medicine treatment period: 6 months." The injured worker underwent right elbow cubital tunnel release on 5/21/15. Currently, the injured worker complains of pain in the right elbow with swelling, tenderness to palpation at the incision site, and decreased function. The treating physician has not documented the medical necessity for occupational therapy beyond the guideline recommended 20 post-op sessions. The criteria noted above not having been met, Occupational (x28) is not medically necessary.