

Case Number:	CM15-0092745		
Date Assigned:	05/19/2015	Date of Injury:	09/28/2011
Decision Date:	06/18/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/13/2015

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 46 year old female, who sustained an industrial injury on 9/28/2011. The mechanism of injury was not noted. The injured worker was diagnosed as having right lateral epicondylitis. Treatment to date has included cervical and lumbar spinal surgeries, right ulnar release surgery, right rotator cuff surgery, and conservative measures. Per progress report, computerized tomography of the cervical spine (10/2014) showed solid bony fusion C3-6, with no evidence of hardware failure or stenosis. Several documents within the submitted medical records were difficult to decipher and diagnostic imaging results were not submitted. Currently, the injured worker complains of increased right elbow pain and soreness with range of motion and activities of daily living. Objective findings included tenderness to palpation at the right epicondyle, stiffness, decreased and painful range of motion, and decreased grip strength. The treatment plan included surgical intervention to the right elbow (right extensor lateral epicondyle release surgery), pre-operative clearance, post-operative occupational therapy x12 visits, and post-operative sling.

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 a week for 6 weeks (12 sessions): Upheld

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

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 states that 12 visits over 12 weeks. Half the recommended amount of therapies are initially recommended. In this case 12 visits are requested when guidelines would recommend 6 initially. Based on this, the request is not medically necessary.