

<b>Case Number:</b>	CM15-0093210		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	01/02/2013
<b>Decision Date:</b>	06/23/2015	<b>UR Denial Date:</b>	04/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2015

### 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: Preventive Medicine, Occupational 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 female, who sustained an industrial injury on January 2, 2013, incurring injuries to the left elbow secondary to repetitive motions. She was diagnosed with left medial epicondylitis and left elbow brachialis strain. She underwent a surgical left medial epicondyle debridement of the left elbow on September 25, 2014. Treatment included pain medications, ice, cortisone injections, elbow padding, and work modification. Currently, the injured worker complained of persistent left elbow pain and edema with limited range of motion and decreased strength. Magnetic Resonance Imaging of the left elbow revealed left elbow medial epicondylitis. The treatment plan that was requested for authorization included occupational therapy for the left elbow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational therapy 2x8 weeks left elbow:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 58-60.

**Decision rationale:** The MTUS allows for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Prior to full authorization, therapeutic physical therapy is authorized for trial of 6 visits over 2 weeks, with evidence of objective functional improvement prior to authorizing more treatments. The request is for greater than the number of visits necessary for a trial to show evidence of objective functional improvement. Occupational therapy 2x8 weeks left elbow is not medically necessary.