

<b>Case Number:</b>	CM15-0094332		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	07/01/2013
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	04/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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: Physical Medicine & Rehabilitation, Pain Management

### 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 was a 47 year old female, who sustained an industrial injury, July 1, 2013. The injured worker previously received the following treatments Ibuprofen, right shoulder x-rays, right shoulder MRI, right shoulder arthroscopic for right shoulder decompression with repair of the rotator cuff and postoperative physical therapy for the right shoulder. The injured worker was diagnosed with rotator cuff rupture, lateral epicondylitis right elbow, right shoulder arthroscopic surgery, overuse syndrome of the right upper extremity, right shoulder bursitis/tendonitis, right shoulder labral tear and rotator cuff impingement syndrome. According to progress note of April 16, 2015, the injured workers chief complaint was right elbow pain. The injured worker described the pain as moderate to severe often sharp pain about the lateral part of the right elbow. The pain was aggravated by extension of the wrist squeezing. The injured worker notices difficulty with extending fully. The physical exam noted tenderness of the right shoulder and right elbow. There was decreased range of motion of the right elbow with flex of 15 degrees. The physician was waiting for right elbow surgical clearance. The treatment plan included occupational therapy for the right elbow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational therapy 3x week for 4 weeks right elbow: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 114. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

**Decision rationale:** In the case of this injured worker, the submitted documentation indicates the patient has completed physical therapy in the past, but the number of past visits, functional benefit from prior therapy, and a comprehensive summary of past therapy is not submitted. The Chronic Pain Medical Treatment Guidelines recommend that formal physical therapy should be tapered to self-directed home exercises. Furthermore, for lateral epicondylitis, the ODG specify: "Lateral epicondylitis/Tennis elbow (ICD9 726.32): Medical treatment: 8 visits over 5 weeks." Therefore additional physical therapy for 12 sessions is not medically necessary.