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## Independent Medical Review Final Determination Letter

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

Dated: 12/26/2013

|   |  |                              |            |
|---|--|------------------------------|------------|
| <b>IMR Case Number:</b>                                   | CM13-0017082   | <b>Date of Injury:</b>       | 08/19/2012 |
| <b>Claims Number:</b>                                     | [REDACTED]   | <b>UR Denial Date:</b>       | 08/21/2013 |
| <b>Priority:</b>  | Standard   | <b>Application Received:</b> | 08/27/2013 |
| <b>Employee Name:</b>                                     | [REDACTED]   |                              |            |
| <b>Provider Name:</b>                                     | [REDACTED] MD  |                              |            |
| <b>Treatment(s) in Dispute Listed on IMR Application:</b> | Additional occupational therapy (OT) to the right upper extremity three (3) times per week for (4) weeks |                              |            |

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations, [REDACTED]

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, Preventive Medicine, and Public Health and is licensed to practice in North Carolina, New York, and Pennsylvania. 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 physician 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/services.

### DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

### CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant was a deputy sheriff who felt a pop in his right elbow when tying a boat that was pulled by a wave on 8/19/12. He had pain in the elbow and forearm and intermittent numbness in the ulnar nerve distribution of his right hand. He has Raynaud's phenomenon in both hands. Electrodiagnostic testing 12/21/12 showed evidence of bilateral carpal tunnel syndrome but no ulnar or radial neuropathy or cervical radiculopathy. MRI 12/15/12 revealed a partial tear of the extensor tendon insertion on the right lateral epicondyle. Initial conservative management included 12 visits 9/17/12-10/10/12. It also included immobilization for a month. He ultimately had surgery on 5/13/13, a right radial tunnel decompression. By 10/3/13 he had retired. At that time he was found to have normal grip strength and was given a 0% whole body impairment rating.

### IMR DECISION(S) AND RATIONALE(S)

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

**1. Additional outpatient occupational therapy (OT) to the right upper extremity three (3) times a week for four (4) weeks is not medically necessary and appropriate.**

The Claims Administrator based its decision on the American College of Occupational & Environmental Medicine (ACOEM), which is part of the MTUS.

The Physician Reviewer based his/her decision on the Post Surgical Treatment Guidelines, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The time period for this therapy request is not clear. He had 12 visits as part of his conservative management prior to surgery 5/13/13. He had additional therapy postoperatively, 24 visits. He requested additional visits 7/11/13, 12 visits. On 8/8/13 he was noted by his surgeon, Dr. [REDACTED] to be minimally symptomatic; additional therapy was sought, three times per week for four weeks. A reviewer modified his request for additional OT to twice per week for three weeks and approved this 8/22/13. The guidelines do not address radial tunnel decompression. However, the cubital tunnel release authorizes 20 visits of therapy over a 3-month period, with the post-surgical period defined as 6 months. He has already exceeded this guideline, with at least 24 visits completed after his elbow surgery. There is no discussion of the effectiveness of therapy nor specific goals of extending it further. **The request for additional outpatient occupational therapy (OT) to the right upper extremity three (3) times a week for four (4) weeks is not medically necessary and appropriate.**

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[REDACTED]

CM13-0017082