MAXIMUS Federal Services

Case Number:	CM13-0009248		
Date Assigned:	07/07/2014	Date of Injury:	10/24/2012
Decision Date:	08/06/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/14/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in 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 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

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

This is a 59-year-old female claimant who sustained a vocational injury while working as a housekeeper on 10/24/12 when she had a trip and fall accident. The claimant's current working diagnosis is arthrofibrosis of the left elbow status post ORIF on 12/06/12 and then subsequent removal of hardware on 05/30/13. The office note of 12/24/13 documented that the claimant was 12 months status post ORIF of a left distal humerus fracture and seven months status post hardware removal. She had gone to multiple sessions of physical therapy and used a Dyna splint. She described a sharp moderate discomfort in the elbow with no numbness or tingling. The pain was worse with repetitive or rapid movements or heavy lifting or attempts to fully straighten or fully flexing the elbow. If she did not use the elbow, it improved. On exam she had well-healed surgical incisions laterally with no soft tissue swelling, erythema, or fluctuance. Left hand Jamar Dynamometer strength testing showed 20-25-25 pounds compared to 35-40-40 pounds on the right hand. She had no tenderness to palpation and no tenderness medially or laterally. Range of motion was approximately 30 degrees of extension to 120 degrees of flexion. She had full pronation and supination. There was no laxity with varus or valgus stress testing. She had a negative cubital tunnel syndrome. There was no gross deformity and no significant swelling. The claimant had 4/5 left elbow flexor and extensor strength compared to 5/5 on the contralateral extremity and otherwise strength testing was noted to be 5/5 of the bilateral upper extremities. Deep tendon reflexes were neurovascularly intact. X-rays from that office visit showed possible lateral humeral condyle fracture with displacement and the left elbow showed a healed fracture with some displacement of the lateral humeral condyle fracture. Conservative treatment to date includes Norco, Dyna splint, and as of 06/06/13, 29 out of 30 occupational therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy 12 visits for the Left Elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC, 18th Edition, 2013 Updates, Physical Therapy, Elbow Chapter.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Currently the claimant is more than one year out of her most recent surgery for removal of hardware and manipulation under anesthesia. The claimant has already exceeded the quantity defined as medically reasonable for the current working diagnosis according to California MTUS Post Surgical Rehabilitation Guidelines. The documentation does not identify any barriers that are in place that would prevent the claimant from transitioning from formal physical therapy to a home exercise program. In addition, there is a lack of documentation that the claimant has made significant functional and vocational progress and quantifiable outcomes from recent formal therapy. There is a lack of recent documented subjective complaints or decreased activities of daily living or vocational activities which would necessitate further additional therapy. Therefore, based on the documentation presented for review and in accordance with California MTUS Post Surgical Rehabilitation Guidelines, the request for additional therapy at this time for the left elbow cannot be considered medically necessary.