

Case Number:	CM13-0053093		
Date Assigned:	12/30/2013	Date of Injury:	07/10/2013
Decision Date:	03/10/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/18/2013

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 Family Medicine and is licensed to practice in Utah. 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. 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:

The patient is a 48-year-old female. The patient's date of injury is 07/10/2013. The mechanism of injury was a fall, which resulted in a right radial head fracture. The patient's treatments include surgery on 07/11/2013 for the radial head fracture. The physical exam findings of her occupational therapy show on 10/25/2013 the range of motion in the right elbow was from 30-100 degrees, supination at 45 degrees and pronation at 60 degrees. Clinical Documents of 10/24/2013 state, examination of the right elbow demonstrated some mild swelling noted over the lateral epicondyle. The patient otherwise had 5 out of 5 strength throughout. The patient was non tender over the lateral incision. Incision has healed range of motion 30-110 degrees. Supination 45 degrees/Pronation 60 in right elbow 4/5 grip strength." The patient was previously approved for 21 sessions of occupational therapy. The request is for 8 additional sessions of occupational therapy. At the time of the request for the additional session, the patient had 3 remaining session from the initial 21 session request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy treatment x 8 visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Postsurgical Treatment Guidelines Page(s): 20.

Decision rationale: Chronic Pain Medical Treatment Guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. Chronic Pain Medical Treatment Guidelines states the following, "Fracture of radius/ulna (forearm) Postsurgical treatment: 16 visits over 8 weeks *Postsurgical physical medicine treatment period: 4 months." The patient was previously approved for 21 sessions, an additional 8 session, would put her at a total of 29 sessions and would exceed the recommended amount of occupation therapy as outlined in the Chronic Pain Medical Treatment Guidelines. According to the clinical documentation provided and current Chronic Pain Medical Treatment Guidelines, additional occupational therapy x 8 visits is not indicated a medical necessity to the patient at this time.