

Case Number:	CM14-0111050		
Date Assigned:	08/01/2014	Date of Injury:	03/10/2014
Decision Date:	09/09/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/16/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Nevada. 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:

The records presented for review indicate that this 37 year old individual was reportedly injured on March 10, 2014. The mechanism of injury is noted as a blunt trauma to the elbow resulting in a fracture. The most recent progress note, dated May 23, 2014, indicates that there are ongoing complaints of elbow pain. The physical examination demonstrated a 30 degrees lack of extension, flexion to 90 degrees, and the surgical incision is healing well. Diagnostic imaging studies objectified the fracture fragments to be good position. Previous treatment includes open reduction internal fixation, and postoperative physical therapy. A request was made for a manipulation of the left elbow and was not certified in the preauthorization process on June 30, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Manipulation of the left elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 28. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) elbow chapter updated July, 2014.

Decision rationale: It is noted that the American College of Occupational and Environmental Medicine (ACOEM) guidelines make no recommendation relative to this type of intervention. It is also noted that the range of motion of the elbow continues to increase with additional physical therapy. As such, there is no clinical indication to establish a medical necessity for this request.