

Case Number:	CM14-0157288		
Date Assigned:	09/30/2014	Date of Injury:	03/28/2014
Decision Date:	11/05/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/25/2014

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 Orthopedic Surgery and is licensed to practice in California. 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:

30 year old male claimant with an industrial injury dated 03/28/14. The patient is status post ORIF trans-olecranon fracture dislocation. Exam note 08/11/14 states that the patient has been completing approved physical therapy sessions, and using a JAS splint for an hour each use. In addition, the patient has been wearing an extension night splint and has been working with Thera-bands. The patient reports to still have significant pain when lifting objects. Upon physical exam the patient is able to extend about 20' short of full extension, can flex to 100-110', and had a pronation to 90'. The patient is capable of gripping, flexing, and extending his thumb. Sensation is noted to be intact. The patient has completed 44 physical therapy sessions. Treatment includes additional physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT/OT 2X6 to left elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 17.

Decision rationale: Per the CA MTUS Post Surgical Treatment Guidelines, fracture of the radius/ulna, page 17, 16 visits are recommended over a 8 week time period. In this case the cited records demonstrate 44 visits completed to date. There is insufficient evidence why the patient cannot be transitioned to a home program. Therefore the determination is for non-certification for further visits.