

Case Number:	CM14-0028234		
Date Assigned:	06/13/2014	Date of Injury:	10/03/2010
Decision Date:	08/13/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/05/2014

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 Surgeon, and is licensed to practice in Texas. 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 injured worker is a 56-year-old female who reported an injury on 10/03/2010. The mechanism of injury was not stated. The current diagnosis is right medial elbow mass. The injured worker was evaluated on 01/03/2014. Physical examination revealed a 1x1 cm mass on the medial elbow region, tenderness to palpation, negative Tinel's testing, full range of motion, intact sensation, and 5/5 strength. Treatment recommendations at that time included an excision of the mass on the right medial elbow with possible ulnar nerve transposition.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST-OP OCUPATIONAL THERAPY RIGHT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 16-18.

Decision rationale: The California MTUS Guidelines state the initial course of therapy means 1 half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. As per the documentation

submitted, the injured worker is pending authorization for an excision of the mass in the right elbow region with possible ulnar nerve sub muscular transposition. There is no indication that this injured worker's surgical procedure has been authorized. Therefore, the current request for postoperative occupational therapy cannot be determined as medically appropriate. Additionally, there was no frequency or total duration of treatment listed in the request. Therefore, the request is not medically necessary