

Case Number:	CM14-0032919		
Date Assigned:	06/20/2014	Date of Injury:	06/29/2013
Decision Date:	08/12/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/15/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 23 year old male with an injury date on 06/29/2013. The listed diagnoses per [REDACTED] dated 01/28/2014 are fracture; head of left radius, fracture; head of right radius and biceps I forearm pain, right. According to this report, the patient complains of right arm and elbow pain. He describes it as a pulling pain and numbness, worsen at night or with forceful activity. His pain level is at a 2/10. He states he is currently working and performing his full work duties. Exam of the elbow indicates lateral and medial epicondyles are tender, movement of the elbow causes pain. Wrist flexion/extension against force causes pain over the lateral epicondyle. Forceful gripping, grasping, pronation and supination of the right hand and right wrist causes pain. On 07/10/2013, the patient had a right elbow intra-articular radial head displaced fracture open reduction and internal fixation. There were no other significant findings noted on this report. The utilization review denied the request on 03/25/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 08/05/2013 to 05/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy, 6 sessions, bilateral elbows, right forearm: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

Decision rationale: According to the 01/28/2014 report by [REDACTED], this patient presents with right arm and elbow pain. The provider is requesting 6 additional sessions of occupational therapy. The patient's prior elbow surgery was on 07/10/2013 and post-op therapy guidelines do not apply. For myalgia, myositis and neuritis type of problems, California MTUS recommends 9-10 sessions of therapy. A review of the report from 01/28/2014 indicates that the patient has had 6 sessions of therapy with improvement and the patient pain level is at a 2/10. The provider does not mention why additional therapy is needed and why the patient is not able to transition in to a home exercise program. Given that the patient already had 6 sessions of therapy, the requested additional 6 sessions would exceed what is allowed per MTUS guidelines. Therefore the request is not medically necessary.