

Case Number:	CM14-0033371		
Date Assigned:	06/20/2014	Date of Injury:	04/18/2011
Decision Date:	07/22/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/17/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 21-year-old man who sustained a work-related injury on April 18, 2011. Subsequently he developed left arm pain. The patient underwent tendon transfers at the forearm for a radial nerve injury and an open reduction and internal fixation of the left radial head with distal radius. A clinical note dated November 6, 2013 reported the patient was 4 weeks status post left pronator tears to the left extensor carpi radialis tendon transfer and tenolysis of previous left Palmaris longus to pollicis longus tendon transfer with tendon imbrication. On physical examination, the patient is noted to have tenderness of the elbow wound both medially and laterally. Elbow range of motion was still restricted from 45 to 130 degrees, supination to 5 degrees, pronation to 15 degrees, there was tenderness of extremes of motion. His wrist was flexible with full range of motion but he still had no active wrist or thumb extension. He could extend his fingers only with his wrist flexed. intact. Motor and sensory examination of the left upper extremity was normal. On December 4, 2013 the patient was noted to be 8 weeks status post-surgery. He was reported to have had his first therapy visit the day prior and had been wearing his custom splint. He continued to complain of left arm pain, stiffness, and weakness rated 2/5. The patient continued to have restrictions of range of motion with tenderness on range of motion of the left elbow. On January 17, 2014 the patient was noted to be 3 months post-surgery, to continue to use a home exercise program, and to wear the custom splint. The patient was noted to be attending physical therapy 2 times a week. The Ct scan noted a healed radial fracture bridged with 2 screws with a 1 mm articular incongruence; a healed fracture of the capitellum with associated screw ghosts; there was a 9 mm loose body in the anterior recess; a small ulnar humeral and radicular osteophytes; there was heterotopic ossification in the common flexor wad from an old injury. According to the note dated on February 14 2014, the patient was complaining of stiffness and weakness of the left elbow. His physical examination

showed healed incision with slight swelling and tenderness. The range of motion improved. However the patient still have numbness in both hands Of the Nervous Performed on January 27, 2014 Showed a 9 mm loose body in the anterior recess, glenohumeral and proximal radial ulnar joint osteoarthritis and fracture of the capitellum. The provider requested authorization for Post-Op Occupational therapy 2xWk x 6Wks left elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Op Occupational therapy 2xWk x 6Wks left elbow QTY: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16-17.

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

Decision rationale: According to MTUS guidelines, a total of 12 PT visits over 12 weeks are recommended after Enthesopathy of elbow region. Half of them should be provided during the initial course of therapy. The provider recommendation exceeded what is allowed by MTUS guidelines. In addition, his procedure was not yet certified. Therefore, the request for Post-Op Occupational therapy 2xWk x 6Wks left elbow QTY: 12 are not medically necessary.