

Case Number:	CM14-0035075		
Date Assigned:	06/23/2014	Date of Injury:	08/29/2013
Decision Date:	07/28/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/21/2014

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 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 injured worker is a 23-year-old male who reported an injury on 06/29/2013. The injury occurred when he fell off a ladder. On 01/28/2014, the injured worker presented with pain located to the right biceps and elbow. The pain was described as a pulling pain with numbness. The injured worker stated that he was currently working and performing his full work duties, has improved arm movement, and a pain level of 2/10. He stated that he completed 4 out of 6 physical therapy sessions. Upon examination, there are signs of mild discomfort while at rest and appears to have moderate pain with movement. Upon inspection of the left and right elbow, there was tenderness to the lateral epicondyle, medial epicondyle, and wrist extension against force causes pain over the lateral epicondyle. Forceful gripping, grasping, and pronation and supination of the right hand and right wrist caused pain. The diagnoses were fracture of the radial head to the left, fracture of the radial head to the right, and biceps/forearm pain to the right. Prior therapy included splinting, polar frost gel, self-application of low heat therapy, cold therapy, and medications. The provider recommended occupational therapy 6 sessions for the bilateral elbows and right forearm. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy, six sessions for the bilateral elbows and 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.

Decision rationale: The request for occupational therapy, 6 sessions for the bilateral elbows and right forearm, is not medically necessary. California MTUS states that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The guidelines allow for up to 10 visits of therapy, for up to 4 weeks. The amount of therapy visits that have already been completed by the injured worker was not provided. The injured worker stated that he feels improvement with arm movement and has pain level of 2/10, and is currently working and performing his full work duties. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process. There are no significant barriers to transitioning the injured worker to an independent home exercise program, as opposed to supervised therapy. As such, the request is not medically necessary.