

Case Number:	CM15-0109460		
Date Assigned:	06/16/2015	Date of Injury:	05/14/2015
Decision Date:	07/16/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/08/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 53 year old female with a May 14, 2015 date of injury. A progress note dated May 21, 2015 documents subjective findings (left elbow pain status post fall; swelling of left hand; pain rated at a level of 8/10), objective findings (diffuse swelling of the left elbow and tenderness of the lateral elbow; hand has a fair amount of swelling that appears to be related to constriction from the splint; fingers move relatively well; diffuse soreness around the wrist; considerable tenderness at the wrist distal radio-ulna joint), and current diagnoses (highly-displaced and comminuted left elbow radial head fracture; possible Essex-Lopresti injury, left wrist and forearm). Treatments to date have included x-ray of the left arm that showed a highly-displaced and rotated radial head fracture, computed tomography scan of the left elbow that showed a comminuted, intra-articular radial head fracture and large elbow joint effusion, splinting, and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Occupational therapy sessions: 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): 99.

Decision rationale: 12 Occupational therapy sessions are not medically necessary. Page 99 of Ca MTUS states physical therapy should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. For myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks, neuralgia, neuritis, and radiculitis, unspecified (ICD-9 729.2) 8-10 visits over 4 weeks is recommended. The request is made for more than 10 visits. Additionally, there is lack of documentation that there is a plan for active self-directed home physical medicine to maximize his benefit with physical therapy; therefore, the requested service is not medically necessary.