

Case Number:	CM15-0131587		
Date Assigned:	07/17/2015	Date of Injury:	11/11/2014
Decision Date:	08/14/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/07/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

The injured worker is a 29 year old male who sustained an industrial injury on 11/11/2014 when he fell from a ladder approximately 15 feet. The injured worker was diagnosed with an open fracture of the left elbow and shoulder strain. The injured worker is status post a radial head arthroplasty with closed reduction proximal phalangeal (CRPP) of the distal radio-ulna joint (DRUJ) and percutaneous pin fixation on November 12, 2014 and a left elbow contracture release and radial head arthroplasty revision on March 19, 2015. Treatment to date has included diagnostic testing, surgery, physical therapy/occupational therapy (approximately 24 completed), Dynasplint and medications. According to the treating physician's progress report on May 18, 2015, the injured worker was evaluated for his 7th post-operative visit. Examination demonstrated full digit extension and positive extensor pollicis longus (EPL). Elbow range of motion was noted at 30-80 degrees with supination at 0-60 degrees. Current medications were not documented. Treatment plan consists of left elbow extension splint at nighttime and the current request for additional occupational therapy twice a week times 8 weeks to the left elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional outpatient occupational therapy 2 times per week x 8 weeks to the left elbow:
Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Practice Guidelines 2nd Edition 2004.

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

Decision rationale: Regarding the request for OT, CA MTUS supports up to 24 sessions over 4 months after elbow arthroplasty. Within the documentation available for review, it appears that 18 prior sessions have been authorized. The patient has made progress to date and there are remaining deficits. The utilization reviewer recommended modifying the request to certify 6 additional sessions to complete the 24 sessions recommended by the CA MTUS. While some additional therapy appears appropriate, there is, unfortunately, no provision for modification of the current request to allow for the additional 6 sessions supported by the guidelines. In light of the above issues, the currently requested OT is not medically necessary.