

Case Number:	CM15-0166649		
Date Assigned:	09/04/2015	Date of Injury:	01/17/2014
Decision Date:	10/09/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/25/2015

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

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 45 year old male, who sustained an industrial injury on January 17, 2014. He reported injury to his right shoulder and elbow. The injured worker was diagnosed as having right radial head fracture and right shoulder large full thickness rotator cuff tear. Treatment to date has included surgery, diagnostic studies, medication and cortisone injection without benefit. On June 29, 2015, the injured worker complained of pain in his right elbow. Physical examination of the right elbow revealed tenderness. Range of motion was 5 to 125 degrees of flexion and extension. Pronation and supination were noted to be 80 degrees each. The treatment plan included right radial head resection arthroplasty and modified work duty. A request was made for eight sessions of occupational therapy for the right elbow at two times a week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy, 8 sessions (2 times a week for 4 weeks), right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.