

<b>Case Number:</b>	CM15-0184048		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	04/08/2015
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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: Family Practice

### 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 49 year old female, who sustained an industrial-work injury on 4-8-15. A review of the medical records indicates that the injured worker is undergoing treatment for fracture of right head of radius, aftercare of musculoskeletal surgery and aftercare of healing traumatic fracture of the upper arm. Medical records dated 7-29-15 indicate that the injured worker complains of pain from neck to tip of the fingers with stiffness, pain from right shoulder to right hand fingers. Per the treating physician report dated 7-29-15 the injured worker has returned to work with limitations. The physical exam dated 7-29-15 reveals limited right elbow range of motion. The physician indicates that he recommends additional occupational therapy for full range of motion and to return to full activity level. The occupational therapy note dated 7-21-15 indicates that the injured worker reports that she is not using the right upper extremity for most activities due to pain. The injured worker is able to complete exercises, continues guarding right upper extremity at all times and there is increased elbow range of motion. Treatment to date has included pain medication Ibuprofen, right radial head fracture open reduction internal fixation (ORIF) surgery 4-14-15, occupational therapy 9 sessions at least, splint, shoulder sling and other modalities. X-Ray of the right forearm and elbow dated 4-8-15 reveals marked deformity of the radial head with impaction, most likely an old injury. The request for authorization date was 7-31-15 and requested service included occupational therapy 2 times a week times 3 weeks, right elbow. The original Utilization review dated 8-20-15 non-certified as the request exceeds guidelines recommendations.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Occupational therapy 2 times a week times 3 weeks, right elbow:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Forearm, Wrist, & Hand.

**Decision rationale:** The MTUS guidelines recommend 16 sessions of post operative physical therapy treatments status post open reduction internal fixation (ORIF). In this case, the injured worker is status post surgery on 4-14-15 and has completed 9 of 12. The injured worker has been returned to modified duty. At this juncture, additional physical therapy is supported to address the remaining deficits and to ensure the injured worker is properly educated and transferred into an independent home exercise program. The request for Occupational therapy 2 times a week times 3 weeks, right elbow is medically necessary and appropriate.