

Case Number:	CM15-0189536		
Date Assigned:	10/01/2015	Date of Injury:	08/05/2015
Decision Date:	12/03/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/25/2015

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: California

Certification(s)/Specialty: Emergency Medicine

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 55 year old male who sustained an industrial injury on 8-5-15. A review of the medical records indicate the worker is undergoing treatment for status post open reduction and internal fixation right elbow, status post repair brachial artery, post-traumatic headaches and dizziness, sprain injury right shoulder with internal derangement, and marked weakness and impairment in sensation of right hand, most likely due to peripheral nerve injury or injury brachial plexus. Subjective complaints (9-1-15) include cannot make a grip with the right hand and cannot fully flex the finger of the right hand, constant pain in right arm and shoulder (rated 8 out of 10 without medication, 3-4 out of 10 with medication). Objective findings (9-1-15) include he could not move the right elbow due to pain, could not fully flex all digits of the right hand, sensation to fine touch and pinprick was decreased in all digits of the right hand. The requested treatment of 24 occupational therapy 3x8 (right elbow) was modified to 12 occupational therapy 2x6 on 9-8-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

24 Occupational 3 times a week for 8 weeks, right elbow as outpatient: Overturned

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Elbow & Upper Arm.

Decision rationale: As per MTUS Post-surgical guidelines, patient with complex elbow fracture may receive up to 24 OT sessions. Patient has complex open elbow fracture with vascular and functional damage. 24 sessions of OT meets criteria for recommendation. The request is medically necessary.