

Case Number:	CM15-0051252		
Date Assigned:	03/24/2015	Date of Injury:	02/14/2014
Decision Date:	05/06/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/18/2015

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, District of Columbia, Maryland
 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:

The injured worker is a 65 year old female, who sustained an industrial injury on 2/14/2014. The current diagnoses are left olecranon fracture, left distal humeral fracture, status post left trochlea, capitellum, olecranon open reduction with internal fixation, LCL repair, and ulnar nerve transposition (3/21/2014), left hand paresthesia, most dense in the ulnar nerve, and status post left elbow open capsulectomy, hardware removal and revision of ulnar nerve transposition (11/26/2014). According to the progress report dated 2/11/2015, the injured worker reports minimal pain. She feels 35% recovered and overall is doing well. Treatment to date has included x-rays, physical therapy, brace, electrodiagnostic studies, and surgical intervention. The plan of care includes additional physical therapy for the left elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Therapy: OT 2-3 X 4-6 Weeks for the Left Elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The California MTUS recommends up to 20 visits of postoperative physical therapy for the injured employs ORIF and ulnar nerve transposition. The attached medical records indicate that there has been at least 20 visits of postoperative therapy authorized. The most recent progress note dated February 11, 2015 reveals improvement with prior physical therapy and good range of motion. There is also been instruction on home exercise program. Considering this prior progress, number of previous visits, and current home exercise participation, this request for additional occupational therapy for the left elbow is not medically necessary.