

Case Number:	CM15-0080292		
Date Assigned:	05/01/2015	Date of Injury:	12/11/2014
Decision Date:	06/03/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/27/2015

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: New York, Tennessee

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 38-year-old male, who sustained an industrial injury on 12/11/2014. He has reported subsequent left elbow pain and was diagnosed with fracture of the proximal third of the left ulna, status post open reduction internal fixation and possible ligamentous injuries of the left ulna. Treatment to date has included oral pain medication, surgery and occupational therapy. In a progress note dated 03/11/2015, the injured worker complained of constant left elbow pain. Objective findings were notable for decreased range of motion of the left elbow. A request for authorization of occupational therapy 2x a week x 6 weeks of the left elbow was submitted.

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 for 6 weeks for the left elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 17.

Decision rationale: Chronic Pain Medical Treatment Guidelines state that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, TENS units, ultrasound, laser treatment, or biofeedback. They can provide short-term relief during the early phases of treatment. Active treatment is associated with better outcomes and can be managed as a home exercise program with supervision. ODG states that physical therapy is more effective in short-term follow up. Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. Recommended number of visits for myalgia and myositis is 9-10 visits over 8 weeks; and for neuralgia, neuritis, and radiculitis is 8-10 visits over 4 weeks. In this case, the patient underwent open reduction/internal fixation for fracture left elbow on 2/11/14. The postsurgical treatment is 16 physical medicine visits over 8 weeks with postsurgical physical medicine treatment period of 4 months. In this case, there is documentation that the patient received occupational therapy 5 times weekly while in the hospital postoperatively. There is no documentation of the number of treatments or functional outcomes. The post surgical treatment period has expired. The requested number of 12 visits surpasses the number of six recommended for clinical trial to determine functional improvement. The request should not be medically necessary.