

Case Number:	CM13-0003507		
Date Assigned:	03/03/2014	Date of Injury:	08/10/2011
Decision Date:	04/11/2014	UR Denial Date:	07/03/2013
Priority:	Standard	Application Received:	07/25/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 63-year-old male with an 8/10/11 date of injury. There is documentation of subjective (right elbow pain and low back pain) and objective (tenderness to palpation of the right elbow, decreased right elbow range of motion, tenderness in the lower lumbosacral spine region, and decreased lumbar range of motion) findings. The current diagnoses are: right elbow radial head fracture status post open reduction and internal fixation right ulna fracture with radial head replacement on 8/10/11 and lumbosacral spine strain and sprain. His treatment to date has been 18 physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY TWO TIMES A WEEK FOR SIX WEEKS FOR THE LUMBAR SPINE AND RIGHT ELBOW.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back; Elbow, Physical therapy (PT); as well as the Title 8, California Code of Regulations, section 9792.20.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. The guidelines state that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services (objective improvement with previous treatment). The Official Disability Guidelines recommend a limited course of physical therapy for patients with a diagnosis of fracture of radius not to exceed 16 visits over 8 weeks, and a diagnosis of lumbar sprain/strain not to exceed 10 visits over 8 weeks. The Official Disability Guidelines also note that 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) and when treatment requests exceed guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of right elbow radial head fracture status post open reduction and internal fixation right ulna fracture with radial head replacement on 8/10/11 and lumbosacral spine strain and sprain. In addition, there is documentation of 18 physical therapy sessions completed to date, which exceeds the guidelines. Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications