MAXIMUS Federal Services

Case Number:	CM13-0010356		
Date Assigned:	09/19/2013	Date of Injury:	09/04/2012
Decision Date:	02/03/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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:

The patient is a 70-year-old male who reported an occupational injury on 09/04/2012 after he tripped on an extension cord and fell on his right elbow. The patient's treatment to date has included open reduction and internal fixation (ORIF) of the right elbow, with postop occupational therapy x 24, and repeat ORIF of the right elbow with bone graft on 02/01/2013. The patient also underwent right shoulder manipulation under anesthesia secondary to adhesive capsulitis with 48 sessions of postoperative physical therapy. The patient's recovery was complicated by postoperative Methicillin-resistant Staphylococcus aureus (MRSA) infection of the elbow, for which he was treated with IV Vancomycin. The patient was seen on 07/16/2013 and he complains of pain around the hardware along the medial and lateral aspects of the elbow. Physical exam on that date revealed diminished right shoulder range of motion with mildly positive impingement maneuver and tenderness over the medial lateral right elbow plate. As such, the physician has requested physical therapy twice a week for 6 weeks to the right shoulder and right elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, 2 x 6, to the right shoulder and right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99; 111-113. Decision based on Non-MTUS Citation ODG (Neck and Upper Back Chapter); General Approaches: ACOEM Pain, Suffering, and the Restoration of Function

Chapter (page 114); ODG (Shoulder Chapter); Elbow Disorders: ACOEM Practice Guidelines, 2nd Edition (Revised 2007), Chapter 10 (page 238, table 10-6)

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The California MTUS indicates that if postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. The documentation presented for review indicates that this patient has already completed an initial course of physical therapy for both the elbow and the shoulder. The documentation also reports that, on 05/29/2013, examination of the right elbow revealed that the patient lacked 15 degrees of extension, while the 08/29/2013 examination revealed he was still lacking 15 degrees of extension. Furthermore, the examination of the right shoulder on 05/29/2013 revealed range of motion was at 80% of normal, while on 08/29/2013 his range of motion for the right shoulder was at 85% of normal. Given that the patient has already completed the initial course of therapy outlined by the CA MTUS, any additional sessions would exceed the guideline recommendations. In cases where no functional improvement is demonstrated, postsurgical treatment shall be discontinued at any time during postsurgical physical medicine. Because there is no documented functional improvement in this case, a subsequent course of physical therapy cannot be supported as medically necessary and appropriate. Therefore, this request is non-certified.