

<b>Case Number:</b>	CM13-0020211		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	06/06/2012
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	08/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 is a patient with a date of injury of 6/6/12. A utilization review determination dated 8/22/13 recommends denial of Physical Therapy (PT). The patient had completed 27 out of 30 PT visits to date. It referenced an 8/14/13 PT note identifying progress with therapy, but then plateau over the last few visits with elbow Range of Motion (ROM). 8/15/13 medical report identifies that the patient is making very little progress in therapy. On exam, there were -30 degrees of extension and 90 degrees of flexion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**THERAPY: PT; 2X3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 10, 16.

**Decision rationale:** Regarding the request for Physical Therapy (PT), California MTUS supports up to 20 sessions after elbow surgery and cites that "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Within the documentation available for review, there is documentation of completion of extensive PT sessions beyond the recommendations of the CA MTUS, but it was

noted that the patient had plateaued with therapy. As the patient was no longer receiving any significant benefit from therapy, there is no clear indication for continuation of this treatment. In light of the above issues, the currently requested PT is not medically necessary and appropriate.