

Case Number:	CM13-0024042		
Date Assigned:	06/06/2014	Date of Injury:	02/14/2013
Decision Date:	07/14/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/13/2013

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 Family Medicine and is licensed to practice in New Jersey. 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:

The worker is a 50 year old male who was injured his left arm on 2/14/13. He was later diagnosed with tricep muscle tear of the left elbow. He soon afterwards, on 3/11/13 had open exploration of the left triceps tendon with bursectomy and reattachment of the triceps tendon. Following surgery he was recommended he wear an elbow brace, use a TENS unit, and do physical therapy, of which he ended up doing 23 sessions together with home exercises. He was seen by his orthopedic doctor on 8/16/13 reporting increased strength of his left elbow, slowly, and was doing home exercises successfully. Physical examination revealed medial left elbow weakness (no severity was documented) and was recommended 18 more sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL POST-OPERATIVE PHYSICAL THERAPY FOR LEFT ELBOW QTY: 18.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 18.

Decision rationale: The MTUS Post-Surgical Treatment Guidelines state that following triceps repairs, up to 24 physical therapy visits over 4 months with a maximum physical medicine (unsupervised plus supervised) duration being 6 months. The goals of therapy is to transition from passive and supervised therapy to unsupervised active therapy/exercises. In the case of this worker, who had completed 23 sessions and who also reported doing home exercises without any trouble, suggests that he has maximized his benefit from supervised therapy and does not need more. Without documentation explaining why an additional 18 sessions would be necessary for this worker, the additional 18 sessions of physical therapy is not medically necessary.