

<b>Case Number:</b>	CM13-0027949		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	07/19/2013
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	09/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2013

### 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 & Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 55-year-old female who reported an injury on 07/19/2013. The mechanism of injury was the injured worker's apron got caught on a machine and the injured worker's arm ended up in the machine and she sustained a crushing injury to her hand and forearm including a fracture to the mid-humerus. The documentation of 08/27/2013 revealed the injured worker had been treated with a Sarmiento brace. The injured worker had tenderness to palpation over the arm diffusely. The injured worker had significant stiffness of the fingers and wrists. Muscle strength and sensation were noted to be intact to the bilateral upper extremities as well as elbows. The deep tendon reflexes were intact. The diagnosis was right mid-shaft humerus fracture. The treatment plan included prescribed therapy to focus on range of motion of the wrist, elbow, and fingers, as well as shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 PHYSICAL THERAPY FOR THE RIGHT ELBOW FOR 3 TIMES A WEEK FOR 4 WEEKS AS AN OUTPATIENT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): <https://www.acoempracguides.org/Elbow>; Table 2, Summary of Recommendations, Elbow Disorders.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 21-22. Decision based on Non-MTUS Citation OTHER DISABILITY GUIDELINES (ODG), ELBOW, PHYSICAL THERAPY, PREFACE.

**Decision rationale:** The Chronic Pain Guidelines were not applied as the injury was acute. The ACOEM Guidelines indicate that comfort is often a patient's primary concern. If the patient's response to treatment is inadequate, pharmaceuticals, or physical methods can be prescribed. However, they do not specifically address the quantity of sessions. As such, secondary guidelines were sought. The Official Disability Guidelines indicate the medical treatment for a fracture of the humerus is 18 visits and patients should be formally assessed after a 6-visit clinical trial to see if the patient is moving in a positive direction, no direction, or negative direction prior to continuation of physical therapy. There was lack of documentation indicating a rationale to exceed guideline recommendations with 12 sessions. Therefore, the request for 12 physical therapy sessions for the right elbow for the 3 times a week for 4 weeks as an outpatient are not medically necessary.