

Case Number:	CM13-0030351		
Date Assigned:	11/27/2013	Date of Injury:	01/16/2013
Decision Date:	03/26/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	09/30/2013

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 45-year-old male who fell down stairs landing on his left arm on 1/16/13 while employed as a carpenter. As a result he had an elbow dislocation and left distal radius fracture. X-rays of the left shoulder performed 5/6/13 were normal. X-rays of the left elbow performed on same day revealed a stable fracture. X-rays of the left elbow performed 2/25/13 revealed osseous fragment along the anterior aspect of the left elbow, likely a fracture of the coronoid process. Thus far the patient has been treated with prescription medications, physical therapy and injections. On 11/1/13 the patient underwent arthroscopic extensive debridement, ulnar nerve transposition and loose body removal. On 3/8/13 the patient underwent left elbow manipulation under anesthesia. The request under review is for four sessions of physical therapy to the left elbow status post left elbow manipulation. The records state the patient was certified for 24 postoperative physical therapy sessions, however it is unclear if they were all completed. Documentation indicates that the patient was not treated between June and August 2013 due to car issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the left elbow, 4 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2ndEdition, (2004), pg. 114

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 11-12.

Decision rationale: MTUS guidelines indicate that an initial course of therapy may be prescribed [postsurgical] and 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. Guidelines further indicate that patients shall be reevaluated following continuation of therapy when necessary or no later than every forty-five days from the last evaluation to document functional improvement to continue physical medicine treatment. In this patient's case, the last documented physical therapy note was dated May 2013 and the request for additional therapy was not submitted until September 2013. Moreover, the medical records submitted fail to indicate that prior therapy was helping the patient. Although the records submitted show the patient had an additional surgery following this request; the decision on this case is for postoperative physical therapy from the initial surgery only, which is not medically necessary. The request for physical therapy for the left elbow, 4 sessions is not medically necessary and appropriate.