

Case Number:	CM13-0034493		
Date Assigned:	12/11/2013	Date of Injury:	07/19/2013
Decision Date:	02/13/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/15/2013

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 Occupational Medicine, 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:

In a clinical progress note on October 2, 2013, it is stated that the applicant has generalized upper arm pain from the shoulder to the elbow. She has weakness and limited range of motion about the same. She is in pain. X-rays demonstrate a short oblique fracture. She is asked to cease physical therapy as movement would make it difficult for her to heal, it is stated. She is placed off of work, on total temporary disability. In an October 2, 2013, progress note, the claims administrator denied request for physical therapy. No clear rational was provided. ODG guidelines were cited which seemingly endorsed physical therapy here.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 reconsideration physical therapy for the right elbow for 3 times a week for 4 weeks:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Elbow Disorders. In. Hegmann K Emergency department (ED), Occupational Medicine Practice Guidelines, 2nd Ed (2007 revision) pages 5-7

Decision rationale: The Physician Reviewer's decision rationale: as noted in the MTUS-adopted ACOEM guidelines in chapter 10, in the absence of red flags, healthcare providers can safely and effectively manage work related elbow complaints. In this case however, the applicant does have a red flag diagnosis, namely a fracture. As noted by the attending provider in his progress note, physical therapy is not appropriate as immobilization should be employed here to facilitate healing of the fracture. A 12 session course of physical therapy being proposed here would not be indicated as immobilization has been suggested here for the applicants elbow fracture. For all these reasons then, the request is not certified.