

<b>Case Number:</b>	CM13-0061913		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/21/2013
<b>Decision Date:</b>	05/08/2014	<b>UR Denial Date:</b>	11/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2013

### 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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 22 year old male. The date of work injury is 6/21/13. The diagnoses include right elbow decreased range of motion secondary to laceration and scar tissue, industrial in nature. There is a request for additional physical therapy for the right elbow twice a week for 3 weeks. The documentation indicates that he was authorized 9 visits of PT for the right elbow already. A 10/17/13 office visit with the physician assistant reveals that the patient has been seeing physical therapy with improvement; however, he has not had reached MMI according to the physical therapy assessment, and the request by physical therapist is for six additional sessions. The physician assistant stated that based on his physical examination of the patient that six additional sessions would be beneficial and hopefully return the patient's range of motion to pre injury status. On physical exam the patient's strength in the right arm was 4/5. He had full flexion of the right arm. He had decreased extension to approximately 80 degrees. His supination and pronation appeared within normal limits. His right upper extremity was neurovascularly intact. The assessment was a right elbow decreased range of motion secondary to laceration and scar tissue, industrial in nature. The plan was to extend physical therapy for six more sessions, 3 weeks of 2 sessions per week the patient was to return to clinic in one month's time. He will continue with work status modifications from 10/17/2013 to 11/14/2013 of no lifting over 40 pounds of the right arm. There is an 11/5/13 visit with the physician assistant that reveals that the patient has had pain on extension of his elbow. The patient underwent a course of physical therapy which has greatly improved his function and decreased his pain. Since his completion of physical therapy last month patient states that he has full strength. He denies any neurovascular complaints. He has full strength in his right arm and full range of motion. Patient states however, he continues to have intermittent mild pain when he keeps his right arm

extended longer than a few minutes. He denies any other concerns. The patient does not feel that he has met maximum medical improvement yet. On physical exam he has no pain currently. Right upper extremity was grossly neurovascular intact. Scarring on his right elbow appeared well healed and appeared to have a reduction in thickness of the 3 keloids at his lateral elbow. He had full extension, pronation and supination of his right elbow. Strength was 5/5. The plans included continue work status restrictions of no lifting over 40 pounds with the right arm x 6 weeks and continue home exercises.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **ADDITIONAL PHYSICAL THERAPY 2 TIMES A WEEK FOR 3 WEEKS, FOR THE RIGHT ELBOW:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG TWC Guidelines, Elbow, Physical Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Page(s): 99-100.

**Decision rationale:** Additional physical therapy twice a week for three for the right elbow is not medically necessary. The MTUS guidelines state that there should be a fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. The ODG states that for sprains and strains of the elbow/forearm 9 visits of PT are the recommended number of visits. The documentation indicates that patient has had 9 visits of physical therapy. At this point he should be versed in a home exercise program. There are no extenuating circumstances that require an additional 6 visits of physical therapy. The request for additional physical therapy twice a week for three for the right elbow is not medically necessary.