

Case Number:	CM13-0067369		
Date Assigned:	01/03/2014	Date of Injury:	07/11/2012
Decision Date:	05/21/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/17/2013

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 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 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 reported a date of injury of 7/11/2012. Per orthopedic surgery progress report, the injured worker sustained multiple orthopedic related injuries of her bilateral upper and lower extremities. She has had surgeries that include ORIF and subsequent hardware removal from her right forearm, right ankle, left ankle, and left femur. Currently her biggest complaint is left elbow range of motion and pain. On exam her left upper extremity has approximately 20 degrees of flexion and extension. Diagnoses include: 1) rib fractures 2) DVT 3) acute traumatic pain 4) severely comminuted fractures of the left tibia and fibula 5) severely comminuted closed fracture of unspecified part of lower end of humerus 6) multiple shaft fractures of the left metatarsal bones 7) closed fracture of cuneiform bone of foot 8) mandibular fracture 9) pyelonephritis, unspecified 10) sepsis 11) femur fracture, left 12) status post ORIF left intercondylar distal femur fracture and removal of knee spanning external fixation 7/17/2012 13) status post ORIF right C3 pilon and IM rod right tibial shaft and removal of right ankle spanning external fixation 8/2/2012 14) ORIF left ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT PHYSICAL THERAPY TWO TIMES A WEEK FOR EIGHT WEEKS FOR THE LEFT ELBOW: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 17.

Decision rationale: The claims administrator reports that the claimant has completed 32 sessions of physical therapy following surgery to remove hardware performed on 6/14/2013. The injured worker's situation is extraordinary in that she suffered multiple severe traumatic injuries. The post surgical treatment guidelines for fracture of humerus recommend 24 physical therapy sessions over 14 weeks, and the postsurgical physical medicine treatment period is 6 months. The injured worker continues to have left elbow complaints following the post-surgical period. The chronic pain medical treatment guidelines recommend the use of physical therapy with the emphasis on active therapy and development of a home exercise program to sustain rehabilitation long-term. Although the injured worker has already had 32 sessions of physical therapy, the overall complication of multiple traumatic injuries, and the persistent symptoms in her left elbow do support the use of additional sessions of physical therapy under these guidelines. The request for outpatient physical therapy two times a week for eight weeks for the left elbow is determined to be medically necessary.