

Case Number:	CM14-0003206		
Date Assigned:	01/31/2014	Date of Injury:	03/16/2013
Decision Date:	06/23/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/09/2014

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 Orthopedic Surgery and Hand Surgery, and is licensed to practice in Texas. 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 44 year old male who reported an injury on 03/16/2013. The mechanism of injury was due to an assault and battery. The injured worker underwent a radial head replacement on 03/19/2013. The clinical note dated 11/27/2013 reported the injured worker complained of neck pain. The injured worker noted there was intermittent locking and limited range of motion with severe pain, with numbness and tingling. The injured worker indicated the pain increased with looking side to side. The injured worker also complained of right elbow pain, which was constant with numbness and tingling in the forearm. The injured worker reported pain is relieved with rest, ice/heat and pain medication. They physical exam reported no gross abnormalities, no swelling. The provider indicated full range of motion. Tinel's sign was negative no pain noted with resisted wrist dorsiflexion. The provider noted weakness grade 4/5 with supination. The x-ray of the right elbow noted no significant joint space narrowing, and no evidence of loosening. The injured worker had previous physical therapy and occupational therapy for shoulder and elbow 36 sessions to date. The provider requested physical therapy (PT), 2X per week for 4 weeks, for the right elbow. The request for authorization was provided and dated 11/25/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY (PT), 2 X PER WEEK FOR 4 WEEKS, FOR THE RIGHT ELBOW: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: POSTSURGICAL TREATMENT GUIDELINES

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: POSTSURGICAL TREATMENT GUIDELINES, ELBOW & UPPER ARM , 16

Decision rationale: The request for physical therapy (PT), 2X per week for 4 weeks, for the right elbow is non-certified. The injured worker also complained of right elbow pain, which was constant with numbness and tingling in the forearm. The injured worker reported pain is relieved with rest, ice/heat and pain medication. The California MTUS guidelines recommend postsurgical treatment for arthroplasty to include physical therapy to the elbow (24 visits over 8 weeks with an initial trial of 12 sessions). There was a lack of objective findings indicating the medical necessity for the request. In addition the injured worker has had a total of 36 physical therapy sessions which exceeds the guideline recommends. Therefore, the request for physical therapy (PT), 2X per week for 4 weeks, for the right elbow is non-certified.