

Case Number:	CM14-0114929		
Date Assigned:	08/04/2014	Date of Injury:	01/15/2014
Decision Date:	09/18/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/22/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 injured worker is a 64-year-old male with an original date of injury of 1/15/2014. The injured worker sustained a fall on the left elbow and underwent surgical repair for a fracture. The patient has a concomitant diagnoses of hypertension and diabetes. The disputed requests are for physical therapy for 12 sessions for the left elbow and a Dynasplint. These were denied in utilization review because there was a lack of any progress note to support these requests submitted to the claims administrator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy three times a week for four weeks for the left elbow: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Occupational medicine practice guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: A progress report by orthopedics on April 24, 2014 indicates the patient is on temporary total disability. In a progress note on April 3, 2014, there is documentation that the patient is healing well in terms of the surgical wound and sutures were removed. X-rays

demonstrate appropriate healing. The request for postoperative physical therapy at this juncture appears to be appropriate and in conjunction with guidelines. Specifically, for "Fracture of humerus (ICD9 812): Postsurgical treatment: 24 visits over 14 weeks" is recommended. This request is medically necessary.

Dynasplint: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Elbow Chapter, Static Progressive Stretch Therapy.

Decision rationale: The California Medical Treatment and Utilization Schedule does not address dynasplints or static progressive stretch therapy. The Official Disability Guidelines Elbow Chapter states the following: "Recommended as indicated below. Static progressive stretch (SPS) therapy uses mechanical devices for joint stiffness and contracture to be worn across a stiff or contracted joint and provide incremented tension in order to increase range of motion. (Bonutti, 1994) (Stasinopoulos, 2005) (Doornberg, 2006) (BlueCross BlueShield, 2003) Criteria for the use of static progressive stretch (SPS) therapy: A mechanical device for joint stiffness or contracture may be considered appropriate for up to eight weeks when used for one of the following conditions: 1. Joint stiffness caused by immobilization 2. Established contractures when passive ROM is restricted 3. Healing soft tissue that can benefit from constant low-intensity tension" In the case of this injured worker, there is documentation of stiffness of the left elbow. Static progressive stretch therapy is appropriate for a time-limited course to help assist with improving range of motion of the joint. This request is medically necessary.