

Case Number:	CM14-0130475		
Date Assigned:	08/20/2014	Date of Injury:	07/10/2011
Decision Date:	12/18/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/15/2014

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 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 44-year old male who had a cumulative trauma work injury to his neck; shoulder and right elbow dated 7/10/11. The diagnosis include right shoulder impingement. The patient is status post right rotator cuff repair on October 2013. He is status post complex right elbow surgery occurred on 4/4/2014. Under consideration is whether physical therapy (work conditioning) 2 times 6 for right elbow is medically necessary. Per documentation the patient attended 12 physical therapy sessions post operatively until 7/10/2014. After those sessions the medical record indicated the injured worker had full range of motion to the right elbow with reduced tenderness. The request was for 12 additional work conditioning physical therapy sessions that were modified. The rationale for the modification was not clear in the medical records provided. There is a 7/10/14 document that states that the patient is here for his third postoperative visit. He has completed 12 sessions of physical therapy. His range of motion has improved significantly. He continues to have some dull bone pain that he describes and he states that he has occasional twitching of the musculature in the forearm. Overall, his pain has improved. He does have some residual soreness. On exam the physical exam findings of the patient's right elbow reveal that he has a well-healed lateral incision. He has full range of motion of the elbow as well as of the wrist. He continues to have some tenderness to palpation throughout the extensor mass. 12 sessions of physical therapy authorized to continue to work on strengthening in regard to the right elbow in the form of work conditioning physical therapy to be completed two times a week for six weeks. The patient is young and active with a class IV arduous work that warrants more formal physical therapy. The provider would like him to continue with icing, anti-inflammatories, and self-directed stretching and strengthening exercises, and follow up in the next six weeks. 12 sessions of physical therapy are requested to

continue to work on strengthening in regard to the right elbow in the form of work conditioning physical therapy to be completed two times a week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy (work conditioning) 2 times 6 for right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 17. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow (updated 05/15/14): Work Conditioning

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 17.

Decision rationale: The request for physical therapy (work conditioning) 2 times 6 for the right elbow is not medically necessary per the MTUS and the ODG guidelines. The MTUS Postsurgical guidelines recommend up to 12 post surgical visits for this condition which the patient has completed. The documentation indicates that the patient completed these visits and has full range of motion. The MTUS physical medicine guidelines recommend treatment towards and independent home exercise program. The MTUS guidelines for work conditioning state that up to 10 visits of work conditioning are recommended when appropriate. There is documentation that he has an arduous job however the guidelines recommend work conditioning when the worker is no more than 2 years past date of injury and that there should be a defined return to work goal agreed to by the employer & employee. The patient is over 2 years post injury and there is no documentation of a defined return to work goal. The request for physical therapy (work conditioning) 2 times 6 for the right elbow is not medically necessary.