

<b>Case Number:</b>	CM14-0136143		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	09/18/2012
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	07/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/23/2014

### 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 Management 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 is a 35-year-old male with a 9/18/12 date of injury, when the patient lost his balance and fell approximately 3 feet to the ground, fracturing the right elbow. Diagnosis was right elbow radial head coronoid fracture and the patient underwent partial medial epicondylectomy and subsequently underwent PT. Dynasplint was utilized since 3/2014 and appeared to improve range of motion. 7/7/14 Progress note documented that the patient has been utilizing a dynasplint, which seems to be helpful with motion and use of the right upper extremity. The patient continues to have some pain in the medial right elbow with 15 degrees of extension and 100 degrees flexion. Continuation with the dynasplint was requested. 6/16/14 Progress note documented that additional PT was denied. The patient was authorized for 24 sessions of postoperative PT since 1/27/14. It was noted that as of 6/11/14, the patient completed 20 sessions of PT, and 4 additional are pending completion. There are ongoing limitations in motion and additional PT was requested. 6/14/14 Progress note documented that the patient was not been seen for PT since 4/2/14 PT Progress note described there was 35 degrees of supination, 105 degrees of flexion, normal pronation, and -15 degrees of elbow extension. There was some progress in goals met by 30% and a Dynasplint was provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 additional weeks rental of Dynasplint elbow extension device for right elbow: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow chapter

**Decision rationale:** Medical necessity for an additional 6 weeks of dynasplint/extension device rental is not established. The patient underwent partial medial epicondylectomy for right elbow radial head coronoid fracture, following a slip and fall. Dynasplint was utilized since 3/2014 and appeared to provide some improvement in range of motion. However, ODG guidelines recommend a "mechanical device for joint stiffness or contracture may be considered appropriate for up to eight weeks." The patient has far exceeded this time line. In addition, it does not appear that there are significant gains in extension throughout the months of Dynasplint use. The request is not medically necessary.

**6 additional weeks rental of Dynasplint forearm supination/pronation device for right elbow:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow chapter

**Decision rationale:** Medical necessity for an additional 6 weeks of dynasplint; supination/pronation device rental is not established. The patient underwent partial medial epicondylectomy for right elbow radial head coronoid fracture, following a slip and fall. Dynasplint was utilized since 3/2014 and appeared to provide some improvement in range of motion. However, ODG guidelines recommend a mechanical device for joint stiffness or contracture may be considered appropriate for up to eight weeks. The patient has far exceeded this time line. In addition, it does not appear that there are significant gains in pronation/supination throughout the months of Dynasplint use. In addition, pronation was noted to be WNL on 4/2/14. The request is not medically necessary.

**Additional physical therapy 2 x week x 6 weeks to the right elbow:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines PHYSICAL

MEDICINE Page(s): 98-99. Decision based on Non-MTUS Citation Â§9792.24.3. Postsurgical Treatment Guidelines. Fracture of radius/ulna (ICD9 813): Postsurgical treatment: 16 visits over 8 weeks; Postsurgical physical medicine treatment period: 4 months

**Decision rationale:** The UR letter of appeal indicated that the patient underwent was authorized for 24 sessions of postoperative PT following surgical intervention and underwent 20 sessions. It is reasonable for the patient to complete the authorized sessions, however the request is for 12 additional sessions of PT. CA Postoperative treatment guidelines support "up to 16 sessions of PT following a radial fracture in an 8 week time period." The patient has exceeded the number of recommended PT sessions and is beyond the immediate postoperative period. There is no discussion regarding participation in a home exercise. Although several more PT sessions to complete the previously certified PT sessions and to address Home Exercise Program (HEP) education would be reasonable, the number of requested PT sessions is not medically necessary.