

<b>Case Number:</b>	CM14-0161799		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	02/17/2013
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	09/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2014

### 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 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 applicant is a represented [REDACTED] employee who has filed a claim for elbow and upper arm pain reportedly associated with an industrial injury of February 17, 2013. In a Utilization Review Report dated September 26, 2014, the claims administrator denied a request for 12 additional sessions of postoperative physical therapy to the elbow. The claims administrator stated that the applicant had had 18 prior sessions of physical therapy and had failed to return to work despite completion of the same. The claims administrator did not incorporate any guidelines into its rationale but noted that its decision was based on a September 18, 2014 RFA form. The applicant's attorney subsequently appealed. In a September 17, 2014 Request for Authorization (RFA) form, 12 additional sessions of physical therapy were sought. In a progress note of the same date, September 17, 2014, the applicant presented with residual elbow pain following earlier elbow debridement and loose body removal surgery. The applicant did have residual synovitis. 4+/5 right upper extremity strength was noted. Well-preserved elbow flexion to 140 degrees was noted. Clinoril, Prilosec, 12 sessions of physical therapy, and a rather proscriptive 10-pound lifting limitation were endorsed. A physical therapy progress note of September 15, 2014 was notable for comments that the applicant was not working because his employer was unable to accommodate his limitations. It was seemingly suggested that the applicant had had 18 sessions of physical therapy over the course of the claim, 12 of which took place postoperatively. This is not clearly articulated, however. The operative report of August 6, 2014 was reviewed. It was noted that the applicant underwent an extensive arthroscopic debridement of the right anterior and posterior elbow joint, removal of loose bodies, and synovectomy. It was noted that the applicant was a chef.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 additional post-operative physical therapy for the right elbow, 3 x 4 weeks, status post right elbow arthroscopy with extensive debridement and synovectomy on 8/1/14, as an outpatient.:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** While this does result in extension of treatment slight beyond the 20-session overall course recommended in the MTUS Postsurgical Treatment Guidelines following elbow arthroscopy and arthroscopic debridement surgery, as apparently transpired here, this recommendation, however, is qualified by commentary made in MTUS 9792.24.3.c.2 to the effect the medical necessity for postsurgical physical medicine treatment for any applicant is dependent on applicant-specific factors such as number and complexity of the surgical procedure undertaken and the applicant's essential work function. In this case, the applicant has a manually intensive occupation as a chef at a Chinese restaurant. The applicant did undergo an extensive debridement procedure, loose body removal, and synovectomy and, by implication, likely has residual impairment beyond that encapsulated in the Postsurgical Treatment Guidelines. Additional treatment to facilitate the applicant's return to regular duty work as a chef is therefore indicated. Accordingly, the request is medically necessary.