

Case Number:	CM14-0164534		
Date Assigned:	10/09/2014	Date of Injury:	12/30/2013
Decision Date:	11/10/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/07/2014

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 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 39-year-old male who reported an injury on 12/30/2013. The mechanism of injury occurred when his left arm hyper-extended while cutting a tree branch. His diagnosis included status post repair of the left distal biceps tendon rupture. His past treatments include the use of medications and approximately 25 sessions of physical therapy. His diagnostic exams included an x-ray of the left elbow and an MRI of the left elbow performed on 01/15/2014. The injured worker's surgical history included a repair of the left distal biceps tendon performed on 01/29/2014. On 09/05/2014, the injured worker complained of pain and weakness in the left arm and biceps. A physical exam revealed slight atrophy and weakness of the left biceps. It was noted that the biceps tendon was intact. There was also slight radial tunnel tenderness on the left. The injured worker's medication included Voltaren 100 mg to be taken with food #60. The treatment plan consisted of additional physical therapy, and the continued use of non-steroidal anti-inflammatory medications for his chronic pain. A request was received for physical therapy 2 times a week for 6 weeks. The rationale for the request is that the injured worker has received minimal therapy post-operatively, and would benefit from physical therapy twice a week for the next 6 weeks to work on stretching and strengthening. The Request for Authorization form was signed and submitted on 09/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16-17.

Decision rationale: The request for physical therapy 2 times a week for 6 weeks is not medically necessary. The California Postsurgical Treatment Guidelines recommend 24 visits over 6 weeks with an indication of rupture of biceps tendon. The postsurgical physical medicine treatment period includes 6 months. Based on the clinical notes, the injured worker complained of pain and weakness in the left arm and biceps. A physical exam revealed significant weakness and atrophy in the left bicep after surgery. The rationale for the request indicated that the injured worker has received minimal therapy postoperatively for the indication of ruptured biceps tendon. However, a clinical note indicated that the injured worker has participated in approximately 25 sessions of physical therapy beginning from 01/31/2014 and ending on 04/22/2014. A physical therapy note dated 04/22/2014 indicated that the injured worker's elbow muscle strength was 5/5, and his biceps strength was 5/5 to the left as well. His elbow active range of motion was -6 degrees with 0 degrees being normal, and his elbow flexion was 140 degrees. The evidence that the injured worker has participated in approximately 25 sessions of physical therapy, with an absence of 10 degrees of normal flexion, does not warrant the continued use of therapy. It is evident that the injured worker has made significant improvements. Although, the injured worker had complaints of weakness and pain in the left arm and biceps, additional physical therapy is not warranted as his range of motion and strength only lacked 10 degrees of normalcy. Therefore, due to lack of documentation indicating the injured worker has significant range of motion deficits, and evidence that the injured worker has participated in approximately 25 visits of physical therapy post-operatively, the request is not supported. Thus, the request for physical therapy 2 times a week for 6 weeks is not medically necessary.