

Case Number:	CM14-0025764		
Date Assigned:	06/13/2014	Date of Injury:	07/10/2012
Decision Date:	07/17/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/28/2014

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 Interventional Spine 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 34 year old female with an injury date of 07/10/12. Based on the 01/14/14 progress report provided by [REDACTED], the patient complains of left elbow pain. On 09/20/13, the patient had open reduction and internal fixation of her left distal humerus and subsequent removal of hardware, radical capsulectomy, and neurolysis of her ulnar nerve for painful hardware and arthrofibrosis. As of 01/16/14, the patient still experiences post-operative pain and stiffness. The patient's diagnoses include the following: 1. Left elbow stiffness. 2. Left distal humerus fx. [REDACTED] is requesting for 12 visits of physical therapy for the left elbow. The utilization review determination being challenged is dated 02/18/14. [REDACTED] is the requesting provider, and he provided five treatment reports from 07/10/13- 01/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY X 12 VISITS LEFT ELBOW: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-17.

Decision rationale: According to the 01/14/14 report by [REDACTED], the patient presents with left elbow pain. The request is for 12 visits of physical therapy for the left elbow. Regarding fracture of humerus, MTUS guidelines page 15-17 recommends 24 visits over 14 weeks for postsurgical treatments. The 12/12/13 progress report states that that patient has already had 16 out of 20 physical therapy sessions. The requested 12 additional physical therapy sessions in addition to the 20 that were available would exceed what is allowed by MTUS. Recommendation for 12 physical therapy sessions is not medically necessary or appropriate.