

Case Number:	CM14-0026093		
Date Assigned:	06/13/2014	Date of Injury:	07/11/2012
Decision Date:	08/14/2014	UR Denial Date:	02/21/2014
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 Orthopedic Surgery, has a subspecialty in Hand 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 37-year-old female who reported an injury on 07/11/2012. The mechanism of injury involved a motor vehicle accident. Current diagnoses include costochondritis, open fracture of the radius/ulna, closed fracture of the distal end of the femur, open fracture of the proximal tibia and fibula, open bimalleolar fracture, closed fracture of the cuneiform bone, contracture, head injury, depression with anxiety, and posttraumatic stress disorder. The injured worker was evaluated on 12/02/2013 with complaints of pain over multiple areas of the body. The injured worker also reported depression, difficulty sleeping, poor appetite, and lack of enjoyment of daily activities. Physical examination on that date revealed mild edema with evidence of atrophy, deformity, and effusion over the joints, normal spinal range of motion, and an antalgic gait. Treatment recommendations at that time included continuation of the current medication regimen, instructions in an exercise and lifestyle program, and continuation of physical therapy. A request for authorization from was then submitted on 01/07/2014 for 8 sessions of physical therapy for the left elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST OP OUTPATIENT PHYSICAL THERAPY (PT) TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS FOR THE LEFT ELBOW: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 98-99 Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter, Physical Therapy.

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The Official Disability Guidelines state physical medicine treatment for a sprain and strain of the elbow and forearm includes 9 visits over 8 weeks. There was no documentation of a physical examination of the left elbow. Therefore, there is no indication of a significant musculoskeletal or neurological deficit. It is also noted that the injured worker has been previously treated with physical therapy for the left upper extremity. However, there was no documentation of objective functional improvement that would warrant the need for a continuation of treatment. As such, the request is not medically necessary.