MAXIMUS Federal Services

Case Number:	CM14-0027190		
Date Assigned:	06/13/2014	Date of Injury:	09/29/2012
Decision Date:	07/25/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/04/2014

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 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 injured worker is a 25 year old male who reported an injury on 09/29/2012. The mechanism of injury was not provided. The operative report of 04/0302014 indicates that this worker had undergone a left distal biceps repair on an unspecified date in the past and re-injured the same body part. His preoperative diagnosis was failed left distal biceps repair with pain and weakness. An MRI of the left elbow on 01/31/2014 showed an old fracture of the proximal radius which was unchanged from a prior study. There were post-operative changes in the region of the distal biceps tendon. The rest of the report is illegible. The medications which were documented were from his inpatient hospital stay with the exception of his discharge medications on 04/06/2014, which included Percocet 10/325 mg, OxyContin 10 mg. docusate 100 mg, ibuprofen, no dosage noted and Chantix 0.5 mg. There was no recent or post-operative documentation with this record. There was no request for authorization found in this chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

INITIAL POST OP PHYSICAL THERAPY TWO TIMES A WEEK FOR THE LEFT ELBOW PER RFA 2-6-14 QUANTITY TWELVE: 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: The injured worker is a 25 year old male who reported an injury on 09/29/2012. The mechanism of injury was not provided. The operative report of 04/0302014 indicates that this worker had undergone a left distal biceps repair on an unspecified date in the past and re-injured the same body part. His preoperative diagnosis was failed left distal biceps repair with pain and weakness. An MRI of the left elbow on 01/31/2014 showed an old fracture of the proximal radius which was unchanged from a prior study. There were post-operative changes in the region of the distal biceps tendon. The rest of the report is illegible. The medications which were documented were from his inpatient hospital stay with the exception of his discharge medications on 04/06/2014, which included Percocet 10/325 mg, OxyContin 10 mg. docusate 100 mg, ibuprofen, no dosage noted and Chantix 0.5 mg. There was no recent or post-operative documentation with this record. There was no request for authorization found in this chart.