MAXIMUS Federal Services

Case Number:	CM14-0085168		
Date Assigned:	07/23/2014	Date of Injury:	09/18/2012
Decision Date:	09/08/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/06/2014

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 Orthopaedic Surgery and is licensed to practice in Tennessee. 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 35-year-old male who was injured 9/18/12 when he fell from scaffolding 3 feet sustaining a fracture of the right elbow. The injured worker was seen in the Long Beach Memorial Hospital emergency room and diagnosed with a radial head fracture. The injured worker subsequently underwent radial head replacement surgery and postoperatively received 12 sessions of physical therapy. Subsequently a right cubital tunnel decompression was performed 1/17/ 2014. The injured worker then attended physical therapy through April 2, 2014 with 16 sessions completed and at that time motion at the elbow was extension 15 and flexion 105. Supination was 35 and pronation was normal. Strength was noted to be 4-4 flexion and extension with 3+ supination. The injured worker continued to follow with the treating physician for postoperative care as the injured worker continued to utilize a Dynasplint for range of motion deficits. The most current progress note-2 from treating physician 5/8/14 noted the 4/2/14 physical therapy (PT) report being reviewed. With the injured worker elbow, extension still 15 and supination 36 and pronation 55-60 continued Dynasplint use was recommended and return to physical therapy was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2 x week for 6 weeks to the right elbow.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007),Postsurgical Treatment Guidelines.

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

Decision rationale: According to the California Medical Treatment Utilization Schedule, allow for up to 20 visits of physical therapy post cubital tunnel decompression. The injured worker has completed 16 sessions to date therefore, an additional month of physical therapy would be indicated to attempt to restore as much functional motion as possible and an additional 8 sessions 2x4 would be indicated for the injured worker with significant range of motion deficits. The requested additional physical therapy 2x a week for 6 weeks exceeds the amount that can be recommended therefore, this request is not medically necessary.