

Case Number:	CM14-0085633		
Date Assigned:	07/23/2014	Date of Injury:	10/28/2013
Decision Date:	08/29/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/09/2014

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 Occupational Therapy 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 33-year-old who was injured on October 28, 2013 when he fell six feet off a ladder. The patient underwent open medial collateral ligament reconstruction utilizing palmaris longus autograft tendon; radial head arthroplasty; open lateral collateral ligament reconstruction; loose body removal, left elbow; and manipulation under anesthesia of the left elbow on January 14, 2014. Progress report dated April 18, 2014 states the patient presented for an evaluation of his left elbow, wrist and hand. It is noted the patient is making progress with regard to range of motion of the elbow as well as increasing his function with regard to his hand and wrist. He has persistent significant functional limitations to his left upper extremity as a result of fracture dislocation. On exam, range of motion of the elbow revealed flexion at 105 degrees; extension is 25 degrees; and pronation and supination are 50 and 25 degrees. His wrist exam revealed 10 degrees of dorsiflexion and wrist palmar flexion to 30 degrees. His grip strength on the right is 60/100/75 and on the left is 5/10/10. Diagnoses are status post fracture dislocation of the left elbow with subsequent multiligament reconstruction and arthroplasty of the radial head; and arthrofibrosis of the left elbow, wrist and hand. He is recommended for continued physical therapy at 3 times a week. Prior utilization review dated June 4, 2014 states the request for Physical Therapy x12 is denied as there is no evidence to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve sessions of physical therapy: Upheld

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 based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), ELBOW, PHYSICAL THERAPY.

Decision rationale: According to the Postsurgical Treatment Guidelines and ODG guidelines, 24 visits of physical therapy over sixteen weeks with a treatment period of 8 months is recommended after surgery for radial head fracture and ligamentous repair. This is a request for an additional twelve visits of physical therapy for a 33-year-old who underwent radial head arthroplasty and medial and lateral ligament reconstruction on January 14, 2014 after traumatic fracture and dislocation of the left elbow. According to medical records, 32 visits have already been authorized. There has been slow progress, and the patient is diagnosed with arthrofibrosis of the left hand, wrist and elbow with significant loss of range of motion on exam. Given the severity of the patient's injury and persistent range of motion deficits within the recommended physical therapy treatment period, additional physical therapy would be warranted. Recommend six additional physical therapy visits with further approval dependent upon demonstrated functional improvement. The request for twelve sessions of physical therapy is not medically necessary or appropriate.