

<b>Case Number:</b>	CM14-0089364		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	10/20/1997
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	05/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### 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 Medicine 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:

This patient is a 61 y/o male who developed chronic left upper extremity problems subsequent to an injury dated 10/20/97. He had surgery on the left elbow and ended up with severe complications/infections and had the joint removed. Subsequently a prosthetic joint has been placed, but post placement physical therapy was not recommended for 1 year post surgery. Now that 1 year is completed physical therapy of 3X's week for 3 months was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy sessions for left shoulder:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 18.

**Decision rationale:** MTUS Guidelines do not specifically address the surgical implantation of a prosthetic elbow joint, but it does address surgical issues that are very similar regarding the need for rehabilitation. For an arm amputation with prosthetic reimplantation up to 48 sessions of physical therapy are considered reasonable. This request for 3X's week for 3 months is consistent with Guidelines. Therefore the request is medically necessary.

