MAXIMUS Federal Services

Case Number:	CM14-0188086		
Date Assigned:	11/18/2014	Date of Injury:	08/12/2014
Decision Date:	01/13/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/12/2014

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 Minnesota. 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 47 year old male who fell on his outstretched left hand and sustained a fracture-dislocation of the elbow. The date of injury was 8/12/2014. A closed reduction was performed in the emergency room and a long arm splint applied. CT of the elbow revealed a comminuted fracture of the radial head in good position and a displaced 50% fracture of the coronoid process. There was a chip of the medial epicondyle also noted. It was elected to treat this non-operatively unless the elbow should re-dislocate. On 8/29/2014 an urgent request was received for possible open reduction/ internal fixation of the radial head and coronoid process. The x-rays or notes of that day are not submitted. On 9/18/2014 surgery was performed but the operative report is not submitted. A post-operative visit of 10/13/2014 indicates that the procedure consisted of radial head arthroplasty, removal loose bodies and lateral collateral ligament repair. The diagnosis was unstable pre-operative exam and dislocation of the elbow. X-rays showed the elbow was reduced and hardware was in place. A detailed radiology report is not submitted. It is not clear if the coronoid process was fixed. On exam the incision was healed. There was no erythema. The range of motion was 40-110 degrees. The elbow was stable to varus/valgus stress. The plan was a hinged elbow brace allowing 20-130 degrees of motion and physical therapy 3x a week for 6 weeks. The request was modified by UR to 2x a week for 3 weeks. The disputed issue pertains to additional physical therapy 2 times a week for 3 weeks per IMR request. The UR decision states that additional physical therapy will depend upon evidence of functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2xwk X 3wks Left Elbow: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 6, 10, 11.

Decision rationale: The Postsurgical Treatment guidelines indicate 14 visits over 6 months for elbow collateral ligament repair, 10 visits over 9 weeks for unstable dislocation post-surgical treatment and 24 visits over 8 weeks for elbow arthroplasty The operative report is not submitted; however, the documentation indicates a radial head arthroplasty was performed and the lateral collateral ligament was repaired. The initial course of therapy for the arthroplasty is one half of 24 which is 12 visits. Utilization Review has certified 6 visits. Therefore the request for 6 additional physical therapy visits is within the guidelines and is medically necessary.