

Case Number:	CM14-0191785		
Date Assigned:	11/25/2014	Date of Injury:	04/06/2014
Decision Date:	02/03/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/17/2014

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 reported an injury to his right elbow on April 6, 2014 while exiting a forklift. The mechanism of injury was hyperextension of the elbow from leaning on it with associated immediate pain and swelling. Per MRI report of 7/29/2014, the findings included bone marrow edema in the radial head, primarily anteriorly and abutting the articular surface. No fracture line was identified. The findings represented a contusion of the radial head. Per exam note of 8/18/2014 he was still experiencing pain in the right elbow. He had not achieved full range of motion of the elbow. Range of motion was 25-95 degrees there was moderate tenderness to palpation and soft tissue swelling over the radial head. He denied any numbness or tingling in the right upper extremity. The disputed issue pertains to a request for additional physical therapy 2 times a week for 4 weeks for the right elbow. He had completed a 6 physical therapy sessions with no subjective or objective benefits documented. The provider was planning a corticosteroid injection into the elbow. There was no documentation as to why the claimant could not continue with a home exercise program. As such, the criteria for continued physical therapy were not met and additional physical therapy was non-certified by utilization review. This has now been appealed to IMR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 4 weeks right elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

Decision rationale: Chronic pain medical treatment guidelines allow for fading of treatment frequency from up to 3 visits per week to one or less plus active self-directed home physical medicine. The injured worker had completed 6 physical therapy sessions with no documentation of continuing functional improvement. There was no reason why he could not transition to a home exercise program. He was familiar with the exercise program and could do active range of motion and stretches at home. Therefore the request for additional physical therapy 2 x 4 for the right elbow is not supported by guidelines and as such the medical necessity is not substantiated.