

Case Number:	CM14-0197111		
Date Assigned:	12/05/2014	Date of Injury:	07/08/2014
Decision Date:	01/22/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	11/24/2014

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 Surgery of the Hand and is licensed to practice in Hawaii, Washington, and Maryland. 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 54-year-old male who sustained a work related injury on 07/08/2014. The mechanism of injury involved moving a desk resulting in injury to the right arm. Diagnoses included status post right distal biceps repair. His past treatments included elbow brace, physical therapy, and medications. Diagnostic studies included an x-ray of the right shoulder and humerus dated 07/10/2014, which documented no fracture or dislocation and AC joint was unremarkable. An MRI of the right elbow was performed on 07/11/2014, which revealed distal biceps rupture with surrounding fluid and edema. Surgical history included right distal biceps repair on July 23, 2014. The injured worker was seen on 09/05/2014 with no complaints stating he was doing well in physical therapy. According to the most recent physical therapy dated 09/05/2014, it was noted that the injured worker was doing well with no significant pain while in the brace. The recommendations were to continue with passive and active range of motion physical therapy. The documentation noted elbow flexion remained the same from the prior treatment at 125 degrees. Supination had increased to 60 from 45 degrees, and pronation increased to 50 from 40 at the previous session. Documentation noted no strengthening as of September 5, 2014. Medications were not listed. The treatment plan was to continue with more physical therapy to advance to full active range of motion as well as wear his brace and follow-up in 6 to 7 weeks. The injured worker has completed 18 sessions of physical therapy. The request was for additional postoperative physical therapy 2 times 12 for the right elbow with the rationale of to be able to advance to full active range of motion. The Request for Authorization Form was included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post-op physical therapy 2 x 12 for the right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 17.

Decision rationale: The request for additional post-op physical therapy 2 x 12 for the right elbow is not medically necessary. The patient is status post rupture of a biceps tendon repair. On 09/05/2014, he presented with no significant pain while wearing his brace. The California MTUS Guidelines for postsurgical treatment of biceps repair recommend 24 physical therapy visits over 16 weeks. The documentation submitted showed the injured worker has received 18 sessions of physical therapy. Additional postoperative physical therapy of 24 sessions would exceed the recommended guidelines. There were no exceptional factors noted which would indicate the patient's need for physical therapy beyond the guideline recommendations. As such, the request is not medically necessary.