

Case Number:	CM14-0199824		
Date Assigned:	12/10/2014	Date of Injury:	07/10/2014
Decision Date:	01/29/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/01/2014

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 Physical Medicine Rehab, has a subspecialty in Pain 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:

The injured worker is a 57-year-old individual with an original date of injury of July 10, 2014. The industrial diagnoses include injuries to the elbow. The claimant had a fracture of the radial head. The claimant began physical therapy on July 15, 2014. The disputed request is for an additional six sessions of physical therapy. A utilization review on November 18, 2014 had noncertified the request for additional occupational therapy. The rationale for the denial of additional therapy was that the claimant showed minimal loss of extension of the elbow and the reviewer stated there were no reasons for further physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) additional Occupational Therapy 2 x week for 3 weeks for the right elbow as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow Chapter, Physical Therapy

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation that the patient was initially authorized for 11 session of PT. There is no comprehensive PT summary of what functional gains were made with this. Furthermore, formal PT is typically transition to self-directed home exercises per guidelines, and a trial of HEP is not noted. In the absence of such documentation, the current request for physical therapy is not medically necessary.