

Case Number:	CM15-0103808		
Date Assigned:	06/08/2015	Date of Injury:	09/08/2013
Decision Date:	08/19/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/29/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 38 year old male, who sustained an industrial injury on 9/8/13. He reported left elbow and right knee pain. The injured worker was diagnosed as having posttraumatic degenerative joint disease of the left elbow, left ulnar neuropathy, elbow arthralgia, and osteoarthritis of the upper arm. Treatment to date has included left transposition of the ulnar nerve in February 3, 2015 with open ulnohumeral arthroplasty and a radial head replacement. The worker has had physical therapy, the use of a stat-a-dyne brace, and medication. Physical examination findings on 3/12/15 included slight numbness/dysesthesias in the left first webspace of the hand. No motor weakness in wrist extension was noted. Tenderness over the surgical incisions was noted. Currently, the injured worker complains of left elbow pain and swelling. Numbness to the incision and first digit of the left hand were also noted. The treating physician requested authorization for post-operative physical therapy 2x6 for the left elbow. A physician's report dated 3/13/15 noted the injured worker was in physical therapy and the sessions were helping him.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy 2 times a week for 6 weeks to the left elbow: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 17-18.

Decision rationale: Post-operative physical therapy 2 times a week for 6 weeks to the left elbow is not medically necessary per the MTUS Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines recommend transitioning to an independent home exercise program after supervised therapy. Per documentation, the patient as of 4/23/15 has undergone 14-therapy visits post operatively. The documentation does not reveals evidence of significant objective functional improvement from prior therapy sessions to necessitate 12 more supervised therapy visits. The patient is out of the postoperative 4 month period for the elbow arthroplasty per the MTUS Post Surgical Guidelines. For the ulnar nerve transposition, the MTUS recommends up to 20 visits over 10 weeks within a 6 month post op period. Without clear evidence of objective functional improvement from the most recent therapy sessions and the fact that 12 more PT visits would exceed the MTUS recommended number of supervised visits for this condition the request for 12 more post operative therapy visits are not medically necessary.