

Case Number:	CM15-0184963		
Date Assigned:	09/25/2015	Date of Injury:	01/16/2015
Decision Date:	11/06/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/21/2015

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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 51 year old male, who sustained an industrial injury on 1-16-15. The injured worker was diagnosed as having complex fracture dislocation bilateral elbows. Treatment to date has included status post bilateral elbow radial head replacement (ORIF) (1-20-15); occupational therapy (x40); physical therapy; medications. Currently, the PR-2 notes dated 8-24-15 indicated the injured worker is a status post bilateral elbow radial head replacement-open reduction internal fixation (ORIF) on 1-16-15 as a result of his industrial injury of complex fractures to his bilateral elbows. The provider documents "He has been doing well and continues to improve and is doing physical therapy." The provider notes Objective Findings: "Bilateral Elbows: The incisions are healing well. No surrounding erythema but minor drainage from the left incision. Neurovascular normal. Range of motion approximately 5 to 100 right +20-140 left. There is significant crepitus on the right. X-rays: Replacements are in good position 7 olecranon reduction appears anatomic and healed." The provider's treatment plan notes "Continue aggressive range of motion and will increase activities as he tolerates. Occupational-physical therapy (2x6) #12 bilateral elbows and next appointment 10-27-15 and will repeat x-rays for bilateral elbows. A hand therapy noted dated 8-20-15 indicated this was the 40th visit. The "Subjective" notes indicate "Now able to cut with a knife, able to reach back for independent showering, modified. Pain-difficulty dressing upper body. Able to open bottles, soda cans, unable to open a tight jar. Limited lifting and carrying up to one gallon, light shopping bags only." Objective Findings: "Residual right elbow pain, inability to lift and carry heavy objects as required in previous employment. Right elbow protector during the day and pillow splint at night to manage pain. Mild-moderate pain in right elbow that increases with resistive activities.

Residual stiffness and range of motion limitations at bilateral elbows. Inability to lift and carry heavy objects. The plan notes "To see MD. Appears to have maximized benefits from treatment. No further treatment recommended, may benefit from a vocational assessment-work hardening program." A Request for Authorization is dated 9-16-15. A Utilization Review letter is dated 9-10-15 and non-certification was for twelve additional OT (occupational therapy) sessions, twice a week, for six weeks, for the bilateral elbows. A request for authorization has been received for twelve additional OT (occupational therapy) sessions, twice a week, for six weeks, for the bilateral elbows.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve additional OT (occupational therapy) sessions, twice a week, for six weeks, for the bilateral elbows: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Recommendations, Radial Head Fracture, Summary, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow (Acute & Chronic), Physical Therapy.

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. Regarding physical therapy, ODG states "Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." ODG further quantifies physical therapy for the elbow with: ODG Physical Therapy Guidelines General: Up to 3 visits contingent on objective improvement documented (i.e. VAS improvement of greater than 4). Further trial visits with fading frequency up to 6 contingent on further objectification of long term resolution of symptoms, plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface. Sprains and strains of elbow and forearm (ICD9 841): Medical treatment: 9 visits over 8 weeks. Post-surgical treatment/ligament repair: 24 visits over 16 weeks. Lateral epicondylitis/Tennis elbow (ICD9 726.32): Medical treatment: 8 visits over 5 weeks. Post-surgical treatment: 12 visits over 12 weeks. Medial epicondylitis/Golfers' elbow (ICD9 726.31): Medical treatment: 8 visits over 5 weeks. Post-surgical treatment: 12 visits over 12 weeks. Enthesopathy of elbow region (ICD9 726.3): Medical treatment: 8 visits over 5 weeks. Post-surgical treatment: 12 visits over 12 weeks. Ulnar nerve entrapment/Cubital tunnel syndrome (ICD9 354.2): Medical treatment: 14 visits over 6 weeks. Post-surgical treatment: 20 visits over 10 weeks. Olecranon bursitis (ICD9 726.33): Medical treatment: 8 visits over 4 weeks. Dislocation of elbow (ICD9 832): Stable dislocation: 6 visits over 2 weeks. Unstable dislocation, post-surgical treatment: 10 visits over 9 weeks. Fracture of radius/ulna (ICD9 813): Post-surgical treatment: 16 visits over 8 weeks. Fracture of humerus (ICD9 812): Medical treatment: 18 visits over 12 weeks. Post-surgical treatment: 24 visits over 14 weeks. Ill-defined fractures of upper limb (ICD9 818): 8 visits over 10 weeks. Arthropathy, unspecified (ICD9 716.9): Post-surgical treatment, arthroplasty, elbow: 24 visits

over 8 weeks. Rupture of biceps tendon (ICD9 727.62): Post-surgical treatment: 24 visits over 16 weeks. The patient has received 40 occupational therapy session to the bilateral elbows over the past year. The treating physician notes improvement has been made but lacks detailed objective findings in order to determine functional improvement. The patient underwent bilateral elbow radial head replacement (ORIF) on 1-20-15. The guidelines limit physical therapy of the elbow to 24 sessions over 8-16 weeks. Thus, 24 sessions per elbow. The patient has exceeded guideline recommendations. The treating physician does not explain the extenuating circumstances to allow for an exception to the guidelines or why transition to an independent home exercise program is not sufficient. As such, the request for Twelve additional OT (occupational therapy) sessions, twice a week, for six weeks, for the bilateral elbows is not medically necessary as presented.