

<b>Case Number:</b>	CM15-0189150		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	02/26/2015
<b>Decision Date:</b>	11/17/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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: Massachusetts

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

### 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 24-year-old male who sustained an industrial injury 2-26-2015. Diagnoses have included amputation of the distal right ring and middle fingers 2-26-2015; right elbow pain sprain or strain; and right shoulder pain sprain or strain. Documented treatment includes oral and topical medication. No other treatment for the right elbow is documented. On 6-30-2015, the injured worker reported tenderness on the right extensor muscle, flexor muscle and cubital fossa, painful resistance on the right supination and pronation, and pain throughout the range of motion, however, range of motion was noted by the physician as being full. On 8-7-2015, it was also noted that there was tenderness on the volar and dorsal aspect of the right elbow and forearm. The treating physician's plan of care includes 12 sessions of physical therapy for the right elbow, which was denied on 8-25-2015. The injured worker is noted to have not worked since his accident.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy, right elbow, 3 times weekly for 4 weeks, 12 sessions, as outpatient:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Elbow Complaints 2007.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow (Acute & Chronic), physical therapy.

**Decision rationale:** The claimant sustained a work injury in February 2015 when, while fixing a machine, the machine was activated and crushed his right hand with partial amputations of the distal phalanges of the right third and fourth fingers. He subsequently developed shoulder, elbow, and forearm pain. He continues to be treated for right upper extremity pain and secondary depression, anxiety, and insomnia. He was seen for an initial evaluation by the requesting provider on 06/30/15. After undergoing surgery on the date of injury, he received about four sessions of physical therapy in early March 2015 and a subsequent 15 sessions were provided. When seen he was having headaches, intermittent chest pain, and intermittent pain throughout the right upper extremity. Pain was rated at 5-6/10. Physical examination findings included decreased right grip strength. There was reproducible anterior chest wall tenderness. There was tenderness throughout the upper extremity. There was positive right shoulder apprehension testing. There was pain with elbow, wrist, and hand range of motion. There was limited third and fourth finger range of motion. There was hyperesthesia around the amputation sites. Ibuprofen, cyclobenzaprine, and topical compounded cream was prescribed. Authorization was requested for physical therapy three times per week for four weeks. In terms of physical therapy for a sprain/strain of the elbow, guidelines recommend up to 9 treatment sessions over 8 weeks and the claimant has already had physical therapy for this condition. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. In this case, the number of additional visits requested is in excess of that recommended or what might be needed to reestablish or revise the claimant's home exercise program. There is no new injury and no specific therapeutic content is being requested. The request is not considered medically necessary.