

Case Number:	CM15-0189268		
Date Assigned:	10/01/2015	Date of Injury:	07/27/2015
Decision Date:	11/09/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	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 29 year old female, who sustained an industrial injury on 7-27-15. Current diagnoses or physician impression include right elbow contusion, right ankle contusion-strain, right shoulder contusion-strain and elbow-forearm strain (unspecified site). Her work status is modified duty. A note dated 8-12-15 reveals the injured worker presented with complaints of right ankle, right shoulder pain and right elbow pain and weakness. Physical examinations dated 7-29-15 - 8-12-15 revealed right ankle tenderness to palpation. The right elbow and forearm examination reveals moderate generalized tenderness to palpation over the "posterior elbow, olecranon, lateral joint line, medial joint line and radial head region, range of motion is decreased. Treatment to date has included arm sling and medications (Tramadol and Tylenol #3). Diagnostic studies to date has included elbow x-rays positive for radial head fracture and elbow CT scan negative for fracture, per note dated 8-12-15. A request for authorization dated 8-27-15 for physical therapy for the right upper extremity 3 times a week for 4 weeks is modified to 6 sessions, per Utilization Review letter dated 9-9-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 3x4 RUE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Elbow (Acute & Chronic), physical therapy (2) Shoulder (Acute & Chronic) Physical therapy.

Decision rationale: The claimant sustained a work injury in July 2015 when she tripped and fell striking her right elbow on the ground. When seen, she was having right elbow pain extending to the shoulder and to the wrist. An x-ray of the elbow showed a possible radial head fracture but a CT scan was negative. When seen, she had elbow pain and weakness with limited motion. Physical therapy is being requested for an elbow contusion, shoulder, and upper extremity strain. In terms of physical therapy for the claimant's injuries, guidelines recommend up to 9 treatment sessions over 8 weeks. In this case, the number of initial visits requested is in excess of that recommended or what might be needed to determine whether continued physical therapy was necessary or likely to be effective. The request is not medically necessary.