

Case Number:	CM15-0199566		
Date Assigned:	10/14/2015	Date of Injury:	10/28/2014
Decision Date:	11/25/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/09/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 28-year-old male, with a reported date of injury of 10-28-2014. The diagnoses include right elbow sprain of medial collateral ligament. Treatments and evaluation to date have included physical therapy and right elbow reconstruction of medial collateral ligament with palmaris tendon autograft on 05-07-2015. The diagnostic studies to date have not been included in the medical records provided. The progress report dated (09-09-2015) indicates that the injured worker's symptoms, since the last visit on 07-29-2015, were described as "improving". It was noted that his current physical therapy program was "going well". The objective complaints (09-09-2015) included no acute distress; no signs of infection in the right upper extremity; minimal incisional tenderness; minimal residual swelling; brisk distal capillary refill in the right upper extremity; range of motion of the right upper extremity 0-120 degrees; supination at 70 degrees; and pronation at 70 degrees. The treating physician indicates that physical therapy would be helpful for the injured worker to regain full motion and functional motion. The injured worker's work status was noted as "off duty" date: 09-09-2015. The medical records provided included twenty-four physical therapy visit reports from 06-24-2015 to 09-16-2015. The physical therapy report dated 09-16-2015 indicates that the injured worker had full extension in the right elbow but was unstable to hyperextension, and internal rotational at the shoulder caused elbow pain on the medial side. The objective findings included guarding of the right hand and upper extremity, swelling in the right elbow, pain with motion, decreased range of motion of the right elbow and wrist, and decreased strength, right grip, and pinch. The request for authorization was dated 09-15-2015. The treating physician requested physical therapy two times a week for six weeks. On 9-22-2015, Utilization Review (UR) non-certified the request for physical therapy two times a week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x a week for 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Elbow & Upper Arm.

Decision rationale: The patient was injured on 10/28/14 and presents with a right elbow sprain of medial collateral ligament. The request is for physical therapy 2 x a week for 6 weeks. The RFA is dated 09/15/15 and the patient is not working. On 05/07/15, the patient underwent a right elbow reconstruction of medial collateral ligament with palmaris tendon autograft. MTUS, post-surgical guidelines pages 15-17, recommend 14 visits over a period of 6 months for patients undergoing an elbow collateral ligament repair. The post-surgical time frame is 8 months. The patient has guarding of the right hand and upper extremity, swelling in the right elbow, pain with motion, and a decreased range of motion of the right elbow and wrist. He is diagnosed with a right elbow sprain of medial collateral ligament. The report with the request is not provided. The patient underwent a right elbow reconstruction of medial collateral ligament with palmaris tendon autograft on 05/07/15. As of 09/16/15, the patient has had 23 sessions of physical therapy. There is no discussion regarding why the patient is unable to establish a home exercise program to manage his pain. In this case, an additional 12 sessions of therapy to the 23 sessions he has already had exceeds what is allowed by MTUS guidelines. Therefore, the request is not medically necessary.