

<b>Case Number:</b>	CM15-0202446		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	08/05/2015
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	10/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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 60 year old male, who sustained an industrial injury on 8-5-15. The injured worker was diagnosed as having status post-surgery for comminuted fracture of proximal right ulna and medial epicondyle on 8-17-15 and marked weakness and impairment in sensation of right hand. Subjective findings (9-1-15, 9-8-15) indicated constant pain in the right arm and right hand. The injured worker rated his pain 8-10 out of 10 without medications and 3-4 out of 10 with medications. Objective findings (9-1-15, 9-8-15) revealed evidence of a wound infection around the right elbow area and sensation to fine touch and pinprick was decreased in all digits of the right hand. As of the PR2 dated 9-25-15, the injured worker reports constant pain and numbness in his right arm. He rates his pain 6-8 out of 10 without medications and 2 out of 10 pain with medications. Objective findings include right elbow range of motion was "moderately" decreased in all direction and sensation to fine touch and pinprick was decreased in all digits of the right hand. Treatment to date has included physical therapy (number of sessions not provided), Tramadol, Naproxen and Cyclobenzaprine. The Utilization Review dated 10-8-15, non-certified the request for 6 continued post-operative physical therapy 3 times a week for 2 weeks for the right arm and elbow, as outpatient, status post ORIF of proximal ulna and medial epicondyle.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 continued post operative physical therapy 3 times a week for 2 weeks for the right arm and elbow, as outpatient, status post ORIF of proximal ulna and medial epicondyle: Upheld**

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

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

**Decision rationale:** 6 continued post operative physical therapy 3 times a week for 2 weeks for the right arm and elbow, as outpatient, status post ORIF of proximal ulna and medial epicondyle is not medically necessary per the MTUS Guidelines. The MTUS Postsurgical Treatment Guidelines recommends up to 16 visits for this condition postoperatively with a 4 month postoperative therapy period and a transition to an independent home exercise program. The documentation is not clear on how many prior PT sessions the patient has had; why he is unable to perform an independent home exercise program; and the outcome of prior therapy in terms of objective functional improvement. Without clarification of this information the request for outpatient physical therapy for the low back is not medically necessary.