

<b>Case Number:</b>	CM15-0204161		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	06/11/2015
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 30 year old male who sustained an industrial injury on 6-11-15. The injured worker reported left elbow pain. A review of the medical records indicates that the injured worker is undergoing treatments for sprain of carpometacarpal joint of thumb and status post radial head replacement of left elbow. Medical records dated 9-8-15 indicate left elbow pain rated at 5 out of 10. Provider documentation dated 9-8-15 noted the work status as modified work. Treatment has included status post radial head replacement of left elbow, physical therapy, exercise, splinting, and radiographic studies. Objective findings dated 9-8-15 were notable for left elbow with decreased range of motion and decreased grip strength on the left. The original utilization review (9-17-15) partially approved a request for additional physical therapy 2 times a week for 4 weeks for the left elbow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy 2 times a week for 4 weeks for the left elbow: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine, and Postsurgical Treatment 2009, Section(s): Forearm, Wrist, & Hand.

**Decision rationale:** According to the guidelines, up to 16 visits of therapy over 2 months is recommended for those who have had a radius/ulnar fracture. IN this case, the claimant has undergone at least 13 sessions of physical therapy. The surgery was in June 2015 and therapy was initiated in July 2015. The request for 8 addition therapy sessions exceeds the guidelines amount and time frame. The request is not medically necessary.