

<b>Case Number:</b>	CM15-0205592		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	10/10/2013
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	10/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 64 year old male, who sustained an industrial injury on 10-10-2013. The injured worker was being treated for a complex fracture with olecranon non-union and ulnar neuritis of the right elbow. The injured worker (8-6-2015, 9-3-2015, and 10-1-2015) reported ongoing right elbow pain, status post right elbow non-union revision with iliac crest marrow aspiration and ulnar nerve decompression on 7-1-2015. The injured worker reported using the bone stimulator. The physical exam (8-6-2015, 9-3-2015, and 10-1-2015) reveals a healed incision, no gross mal-alignment, intact sensation to light touch, good range of motion, a negative Tinel's over the ulnar tunnel, good hand and finger range of motion, and grip weakness. Per the treating physician (10-1-2015 report), x-rays showed good bony alignment, no hardware failure, early callus formation- slight increase in calcification across the fracture site. Surgeries to date included an ORIF of a right olecranon fracture in 2013 and 2014. Treatment has included at least 13 sessions of postoperative physical therapy, off work, and medications including pain and non-steroidal anti-inflammatory. Per the treating physician (10-1-2015 report), the injured worker has not returned to work. The treatment plan includes continuing physical therapy. The requested treatments included 12 sessions (2x a week for 6 weeks) of Physical therapy for the right elbow. On 10-9-2015, the original utilization review non-certified a request for 12 sessions (2x a week for 6 weeks) of Physical therapy for the right elbow.

### 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 for the right elbow (12): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week time six weeks to the right elbow (#12 sessions) is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnosis is complex right elbow fracture with olecranon nonunion and ulnar neuritis. Date of injury is October 10, 2013. Request for authorization is October 2, 2015. According to an October 1, 2015 progress note, the injured worker is 12 weeks status post revision with auto graft. Subjectively, the injured worker has ongoing elbow pain and utilizes a bone stimulator. Objectively, sensation was intact, range of motion is good and neurovascular was intact. The documentation indicates the injured worker sustained the complex right elbow fracture. Initial treatment was an open reduction internal fixation. The injured worker developed a nonunion. There was a second open reduction internal fixation with continued nonunion. A decision was made to take the injured worker back to the operating room on an urgent basis for revision open reduction internal fixation with auto graft. The injured worker also had an ulnar neuritis and a concurrent ulnar nerve decompression was performed. The total number of physical therapy sessions to date is not specified. As of October 27, 2015, the injured worker received 16 physical therapy sessions. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and no documentation indicating the total number of physical therapy sessions to date, physical therapy two times per week time six weeks to the right elbow (#12 sessions) is not medically necessary.