

Case Number:	CM15-0029897		
Date Assigned:	02/23/2015	Date of Injury:	03/06/2014
Decision Date:	04/08/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/17/2015

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: Texas, 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 34-year-old female, with a reported date of injury of 03/06/2014. The diagnoses include left closed/non-union of fracture of olecranon process of the ulna. Treatments have included physical therapy, an x-ray of the left elbow, a bone growth stimulator, and left open reduction internal fixation with parallel plating, olecranon osteotomy and ulnar transposition on 3/10/14. The progress report dated 11/24/2014 indicates that the injured worker was finishing her twelve sessions of physical therapy, and had three left. She had noticed some improvement in the sensitivity and pain in her left arm. The injured worker still had a lot of weakness of the arm, and the arm was easily fatigued. She was working on her range of motion and was still lacking with flexion. The physical examination showed a lack on full extension, and left arm strength was 3/5. The treating physician requested continued physical therapy twice a week for six weeks for the left elbow for strengthening. She had completed twenty-four postoperative physical therapy sessions for this injury. She had used bone growth stimulation for this injury. The current medication list was not specified in the records provided. Per the doctor's note dated 10/8/14 physical examination revealed sensitivity over scar area and limited range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) Sessions of Physical Therapy for the Left Elbow: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Twelve (12) Sessions of Physical Therapy for the Left Elbow CA MTUS Post-Surgical Rehabilitation guidelines cited below recommend 24 visits over 14 weeks. She had completed twenty-four postoperative physical therapy sessions for this injury. The requested additional visits in addition to the previously rendered physical therapy sessions are more than recommended by the cited criteria. She underwent left open reduction internal fixation with parallel plating, olecranon osteotomy and ulnar transposition on 3/10/14. As per cited guideline postsurgical physical medicine treatment period is 6 months. The patient is past the post surgical physical medicine treatment period. Previous PT visits notes documenting significant progressive functional improvement were not specified in the records provided. In addition as per cited guidelines "Frequency of visits shall be gradually reduced or discontinued as the patient gains independence in management of symptoms and with achievement of functional goals...Patient education regarding postsurgical precautions, home exercises, and self-management of symptoms should be ongoing components of treatment starting with the first visit. Intervention should include a home exercise program to supplement therapy visits." Furthermore, documentation of response to other conservative measures such as oral pharmacotherapy in conjunction with rehabilitation efforts was not provided in the medical records submitted. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program for the left elbow is not specified in the records provided. The medical necessity of the request for Twelve (12) Sessions of Physical Therapy for the Left Elbow is not fully established in this patient.