

Case Number:	CM15-0214204		
Date Assigned:	11/04/2015	Date of Injury:	07/16/2012
Decision Date:	12/23/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/30/2015

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: Minnesota, Florida

Certification(s)/Specialty: Orthopedic Surgery

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 32-year-old female who sustained an industrial injury 07-16-12. A review of the medical records reveals the injured worker is undergoing treatment for left elbow torn posterior lateral ligament, left radial head posterior fracture dislocation, left elbow chronic posterior solution of the radial head, and status post failed surgical repair of lateral ligament complex. Medical records (10-06-15) reveal the injured worker complains of left elbow pain rated at 5/10. The physical exam (10-06-15) reveals limited range of motion of the left elbow with tenderness over the lateral elbow. Prior treatment includes 6 physical therapy sessions, and left elbow repair posterior lateral corner structures and repair of lateral ligament complex on 08-26-15. The treating provider reports the injured worker is making progress in physical therapy, and would like to continue therapy to reach maximal medial improvement. The original utilization review (10-14-15) non certified the request for 8 physical therapy sessions to the left elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the left elbow 2 times a week for 4 weeks, quantity: 8 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine, and Postsurgical Treatment 2009, Section(s): Elbow & Upper Arm.

Decision rationale: The injured worker is a 31-year-old female with a date of injury of 7/16/2012. The current request pertains to 8 additional physical therapy sessions for the left elbow. The documentation indicates a history of fracture - dislocation of the elbow with 4 surgical procedures and 59 sessions of physical therapy. The most recent procedure was arthroscopy left elbow with extensive debridement and chondroplasty and removal of hardware lateral aspect left elbow on 8/26/2015. She received 12 physical therapy sessions postoperatively but continues to have pain. Range of motion of the elbow was from 10-125, pronation 80, supination 90. She was tender on the lateral aspect. Utilization review modified the request for 8 additional physical therapy sessions to 4 with transition to a home exercise program. The injured worker has completed the postsurgical physical therapy per guidelines. California MTUS chronic pain guidelines indicate active therapy is based on the philosophy that therapeutic exercise and or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The guidelines allow for fading of treatment frequency from up to 3 visits per week to one or less plus active self-directed home physical medicine. In this case, the provider has requested 8 additional physical therapy sessions. This has been appropriately modified to 4 with transition to a home exercise program. In light of the foregoing, the request for 8 additional physical therapy sessions exceeds the guideline recommendations and the medical necessity of the request has not been substantiated.