

Case Number:	CM15-0221916		
Date Assigned:	11/17/2015	Date of Injury:	08/30/2014
Decision Date:	12/31/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	11/11/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 54 year old male with a date of injury of August 30, 2014. A review of the medical records indicates that the injured worker is undergoing treatment for right elbow fracture. Medical records dated August 26, 2015, indicate that the injured worker complained of right elbow pain. A progress note dated September 11, 2015 documented complaints of right elbow pain and stiffness. Per the treating physician (August 26, 2015), the employee was temporarily totally disabled. The physical exam dated August 26, 2015 reveals tenderness at the lateral right elbow. The progress note dated September 11, 2015 documented a physical examination that showed mild tenderness to palpation near the origin of the radial head. Treatment has included medications (Naproxen and Cyclobenzaprine), and occupational therapy for the right elbow (number of sessions not documented) that helped significantly. The treating physician documented that magnetic resonance imaging of the right elbow (July 13, 2015) showed lateral epicondylitis and mild osteoarthritic changes. The utilization review (October 22, 2015) non-certified a request for twelve additional sessions of occupational 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:

Outpatient occupational therapy to the right elbow, 3 X 4 (12 additional), submitted diagnosis elbow sprain, radius head fracture: 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, Physical Therapy.

Decision rationale: Per MTUS CPMTG, physical medicine guidelines state "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD 729.2): 8-10 visits over 4 weeks." The ODG Preface specifies Physical Therapy Guidelines, "There are a number of overall physical therapy philosophies that may not be specifically mentioned within each guideline: (1) As time goes by, one should see an increase in the active regimen of care, a decrease in the passive regimen of care, and a fading of treatment frequency; (2) The exclusive use of "passive care" (e.g., palliative modalities) is not recommended; (3) Home programs should be initiated with the first therapy session and must include ongoing assessments of compliance as well as upgrades to the program; (4) Use of self-directed home therapy will facilitate the fading of treatment frequency, from several visits per week at the initiation of therapy to much less towards the end; (5) 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 a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." Per the ODG guidelines: Sprains and strains of elbow and forearm (ICD9 841): Medical treatment: 9 visits over 8 weeks. Post-surgical treatment/ligament repair: 24 visits over 16 weeks. Fracture of radius/ulna (ICD9 813): Post-surgical treatment: 16 visits over 8 weeks. Per the documentation submitted for review, it was noted that the injured worker has been previously treated with occupational therapy with significant improvement. However, the number of previous visits is unknown. Absent this information, the medical necessity of 12 visits cannot be affirmed. The request is not medically necessary.