

Case Number:	CM15-0226078		
Date Assigned:	11/24/2015	Date of Injury:	06/11/2015
Decision Date:	12/31/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	11/17/2015

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: 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-work injury on 6-11-15. The injured worker was diagnosed as having left forearm derangement, left radial head fracture, left forearm pain, left hand paresthesias, and status post left radial head fracture wit open reduction and internal fixation (ORIF). Treatment to date has included medication, surgery (resection of comminuted, depressed radial head fracture of left elbow on 6-24-15), 13 sessions of physical therapy, home exercise program (HEP), and diagnostics. Currently, the injured worker complains of continued left elbow pain and hand pain that was sharp, achy, throbbing, spasmodic, and stinging. There was left shoulder pain that was throbbing and burning. Per the primary physician's progress report (PR-2) on 9-16-15, exam noted surgical scars, tenderness over the olecranon and cubital fossa, muscle strength of 4 out of 5, and restricted range of motion due to pain. Current plan of care includes diagnostics and therapy. The Request for Authorization requested service to include additional physical therapy 2x a week for 3 weeks for the left elbow. The Utilization Review on 10-19-15 denied the request for additional physical therapy 2x a week for 3 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 2x a week for 3 weeks for the left elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Initial Care, Physical Methods, and Postsurgical Treatment 2009, Section(s): Forearm, Wrist, & Hand.

Decision rationale: According to the guidelines, up to 16 sessions of therapy is recommended after surgery. The claimant had undergone at least 13 sessions of therapy in the past. The surgery was several months ago. There is no indication that additional therapy cannot be completed at home. The request for an additional 6 sessions of therapy exceeds the guidelines time frame and amount and is not medically necessary.