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| Case Number: | CM15-0034762 | | |
| Date Assigned: | 03/03/2015 | Date of Injury: | 05/12/2014 |
| Decision Date: | 04/15/2015 | UR Denial Date: | 02/17/2015 |
| Priority: | Standard | Application Received: | 02/24/2015 |

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 55 year old male who sustained an industrial injury on 05/12/14. He reports left elbow pain. Diagnoses include left elbow radial head fracture with radiocapitellar arthrosis. Treatments to date include medications. On 01/27/15 the treating provider recommends an elbow arthroscopy and debridement. On 02/17/15 Utilization Review non-certified postoperative physical therapy, citing MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Post-operative Physical Therapy visits 2 times a week for 6 weeks for Left Elbow:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): ICD9 813.

Decision rationale: The 2/17/15 Utilization Review letter states the 12 post-operative physical therapy visits, 2 times a week for 6 weeks for the left elbow requested on the 1/23/15 medical

report was modified to allow 8 sessions because MTUS postsurgical guidelines for a fracture of the radius/ulna show the general course of care as 16 visits. The 1/23/15 orthopedic report states the patient is in for follow-up on his left elbow radial head fracture. There is still pain and crepitus with elbow ROM and lifting. ROM is 0-140, full supination and pronation. The plan is for elbow arthroscopy and debridement. The 1/2/15 initial orthopedic report states the patient was injured on 5/12/14 when he fell and fractured his left radial head and some ribs. He has already had 24 sessions of PT. There is no indication that the patient has had surgery on the elbow. MTUS Chronic Pain Medical Treatment Guidelines, Physical Medicine section, pages 98-99 states that 8-10 sessions of therapy are indicated for various myalgias or neuralgias. MTUS/Postsurgical Treatment Guidelines for Fracture of radius/ulna (ICD9 813) shows the general course of postsurgical treatment as 16 visits over 8 weeks and Postsurgical physical medicine treatment period: 4 months The initial course of care would be half this or 8 visits. In this case, the patient has already had 24 sessions of PT, and there is no record of any elbow surgery being performed. The request for 12 sessions of post-operative PT for the elbow, will exceed the MTUS postsurgical guidelines, if the patient did have a surgery, and it exceeds the MTUS chronic pain guidelines recommendations of 8-10 sessions. The request for 12 post-operative physical therapy visits, 2 times a week for 6 weeks for the left elbow IS NOT medically necessary.