

Case Number:	CM15-0036791		
Date Assigned:	03/05/2015	Date of Injury:	10/01/2011
Decision Date:	04/09/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	02/26/2015

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: New Jersey
 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 60 year old male, who sustained an industrial injury on 10/01/2011. The diagnoses have included right elbow internal derangement. He is status post right medial and lateral epicondylectomy, right DeQuervain's and right shoulder cuff repair (undated). Treatment to date, per the UR, has included 18 post-op physical therapy visits. Currently, the IW complains of right elbow pain. No objective findings are provided. On 2/23/2015, Utilization Review non-certified a request for physical therapy (1x6) for the right elbow and follow up evaluation noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The MTUS and ACOEM Guidelines were cited. On 2/26/2015, the injured worker submitted an application for IMR for review of physical therapy (1x6) for the right elbow and follow up evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of physical therapy for the right elbow: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

Decision rationale: The MTUS Post-surgical Guidelines state that following elbow surgery (epicondylectomy), up to 12 supervised physical therapy sessions over 12 weeks may be recommended, followed by a transition to home exercises to be continued thereafter. In the case of this worker, he completed 12 physical therapy sessions following right elbow surgery, and has used the maximum number of supervised sessions. At this point he should be able to perform home exercises to continue his physical therapy, and there was no evidence presented in the provided documentation to suggest that he was unable to perform these exercises or required supervision for any reason. Therefore, the request for an additional 6 supervised sessions of physical therapy for the right elbow will be considered medically unnecessary.

Follow up evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Office visits.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127.

Decision rationale: The MTUS/ACOEM Guidelines state that referral to a specialist(s) may be warranted if a diagnosis is uncertain, or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. In the case of this worker, he was recommended to follow-up with his provider, not specified (surgeon). The documentation provided was limited, but did not suggest any clear reasoning to warrant follow-up (no planned procedure, medication management, or testing follow-up). Therefore, the "follow up evaluation" will be considered medically unnecessary, based on the documentation provided.