

Case Number:	CM15-0038883		
Date Assigned:	03/09/2015	Date of Injury:	10/10/2013
Decision Date:	04/14/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	03/02/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 63-year-old male, who sustained an industrial injury on October 10, 2013. They reported right elbow pain after a fall. The injured worker was diagnosed as having a complex right elbow fracture. Treatment to date has included open reduction internal fixation (ORIF), medication and physical therapy. Progress note dated January 21, 2015 notes the injured worker complains of fatigue with prolonged activity but overall feels he is doing well. Follow up X-rays show no hardware failure and calcification across ulnar fracture although not yet completely healed. The plan is for additional physical therapy for strengthening. The UR found the request for Physical therapy 2 times per week for 4 weeks to right elbow to be non-certify on 1/29/15 due to lack of documentation of ongoing improvement with currently PT.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times per week for 4 weeks to right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow (Acute & Chronic), Physical Therapy.

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. Regarding physical therapy, ODG states "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." ODG further quantifies physical therapy for the elbow with ODG Physical Therapy Guidelines. General: Up to 3 visits contingent on objective improvement documented (ie. VAS improvement of greater than 4). Further trial visits with fading frequency up to 6 contingent on further objectification of long term resolution of symptoms, plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface. 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 Lateral epicondylitis/Tennis elbow (ICD9 726.32): Medical treatment: 8 visits over 5 weeks Post-surgical treatment: 12 visits over 12 weeks Medial epicondylitis/Golfers' elbow (ICD9 726.31): Medical treatment: 8 visits over 5 weeks Post-surgical treatment: 12 visits over 12 weeks Enthesopathy of elbow region (ICD9 726.3): Medical treatment: 8 visits over 5 weeks Post-surgical treatment: 12 visits over 12 weeks Ulnar nerve entrapment/Cubital tunnel syndrome (ICD9 354.2): Medical treatment: 14 visits over 6 weeks Post-surgical treatment: 20 visits over 10 weeks Olecranon bursitis (ICD9 726.33): Medical treatment: 8 visits over 4 weeks Dislocation of elbow (ICD9 832): Stable dislocation: 6 visits over 2 weeks Unstable dislocation, post-surgical treatment: 10 visits over 9 weeks Fracture of radius/ulna (ICD9 813): Post-surgical treatment: 16 visits over 8 weeks Fracture of humerus (ICD9 812): Medical treatment: 18 visits over 12 weeks Post-surgical treatment: 24 visits over 14 weeks Ill-defined fractures of upper limb (ICD9 818): 8 visits over 10 weeks Arthropathy, unspecified (ICD9 716.9): Post-surgical treatment, arthroplasty, elbow: 24 visits over 8 weeks Rupture of biceps tendon (ICD9 727.62): Post-surgical treatment: 24 visits over 16 weeks. The patient has received 17/24 total number of authorized sessions physical therapy session to the right elbow and is s/p surgery. The guidelines limit physical therapy of the elbow to 16 sessions over 8-16 weeks. The medical records fail to document the progress with these previously approved sessions. The treating physician does not explain the extenuating circumstances to allow for an exception to the guidelines. As such, the request for Physical therapy 2 times per week for 4 weeks to right elbow is not medically necessary as presented.