

Case Number:	CM15-0041150		
Date Assigned:	03/11/2015	Date of Injury:	09/10/2014
Decision Date:	04/21/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	03/04/2015

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:

This 24-year-old male sustained an industrial injury to the right arm on 9/10/14. The injured worker was diagnosed with right distal humerus open fracture. Previous treatment included open reduction internal fixation right humerus fracture, physical therapy and medications. A physical therapy reevaluation dated 1/6/15, indicated that the injured worker had received 20 sessions of physical therapy. The physical therapist noted that the injured worker's range of motion was improved. The injured worker had ongoing stiffness without pain upon resistive use. In a PR-2 dated 1/8/15, the physician noted that the injured worker had progressed well with no pain, numbness, tingling or weakness to the right upper extremity. The injured worker's only complaint was elbow stiffness. Physical exam was remarkable for right arm with healed medial and posterior incisions. Range of motion of the elbow was 10-80 with no instability. The treatment plan included aggressive physical therapy right elbow for range of motion and strengthening with full weight bearing to right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Outpatient Physical Therapy Twice a week for six weeks to the Right

Elbow/Arm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-17.

Decision rationale: The 24-year-old patient is status post irrigation and debridement for open reduction internal fixation of right humerus fracture, as per progress report dated 01/08/15. The request is for ADDITIONAL OUTPATIENT PHYSICAL THERAPY TWICE A WEEK FOR SIX WEEKS TO THE RIGHT ELBOW/ARM. The RFA for the case is dated 01/20/15, and the patient's date of injury is 09/10/14. The patient is temporarily totally disabled, as per the same progress report. MTUS post-surgical guidelines, pages 15-17, recommend 24 visits of PT over a span of 14 weeks. The post-operative time frame is six months. In this case, the patient is status post irrigation and debridement for open reduction internal fixation of right humerus fracture on 09/11/14, as per the operative report. The progress reports do not specify the number of sessions the patient has received until now. The treating physician is requesting for 12 additional sessions of PT for range of motion and strengthening. The UR denial letter, however, states that the patient has completed 20 sessions of post-operative PT. There is no documentation of objective improvement in pain and function due to prior therapy. Additionally, the request for 12 additional sessions exceeds MTUS recommendation of 24 sessions. Hence, the request IS NOT medically necessary.