

Case Number:	CM15-0052522		
Date Assigned:	03/26/2015	Date of Injury:	08/12/2014
Decision Date:	05/01/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/19/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 48-year-old male who sustained an industrial injury on 08/12/2014 after a slip and fall. On provider visit dated 03/02/2015 the injured worker has reported pain and stiffness in left arm. He was noted to have a decreased range of motion. The diagnoses have included sprain/strain of left elbow, status post left elbow radial head replacement/LCL reconstruction. Treatment to date has included left elbow open reduction and internal fixation of the radio head due to coronoid fracture, pain medication, 15 physical therapy sessions, x-rays and a home exercise program. The provider requested post-op physical therapy 2x week x 6 week for left elbow, prior to considering manipulation of his left arm due to decreased range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Op Physical Therapy 2 times a week for 6 weeks for the left elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 17. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a significant work-related injury to his left elbow on 08/12/14. He underwent reconstructive surgery on 09/18/14 followed by physical therapy with completion of the 15 treatment sessions. When seen, he had decreased range of motion and additional therapy was requested. A typical course of therapy for the claimant's condition would include up to 24 visits over a 16 week period of time. In this case, the number of visits requested in addition to those already provided is in excess the guideline recommendation. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is also in excess of that recommended and therefore not medically necessary.