

Case Number:	CM15-0062352		
Date Assigned:	04/08/2015	Date of Injury:	10/17/2014
Decision Date:	05/08/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	04/01/2015

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 York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 54 year old female who sustained an industrial injury on 10/17/14. The injured worker reported symptoms in the left elbow and right knee. The injured worker was diagnosed as having fracture of lower humerus, sprain elbow/forearm, sprain of right knee and leg. Treatments to date have included oral pain medication, splint, and nonsteroidal anti-inflammatory drugs. Currently, the injured worker complains of left elbow pain and right knee pain. The plan of care was for physical therapy and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 4 week for left elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 - 99.

Decision rationale: The patient is a 54 year old female with a slip and fall injury on 10/17/2014. She sustained a distal left humeral fracture. On 11/05/2014 she had a left elbow MRI that

revealed an incomplete subchondral fracture with bone marrow edema with complete and near complete tearing of the humeral lateral ulnar collateral ligament and radial collateral ligament. She was placed in a splint and had physical therapy. She completed physical therapy. On 02/18/2015 the left elbow range of motion was 135 degrees and the elbow was unstable. She had elbow pain. MTUS, Chronic Pain guidelines provide for a maximum total of 8 - 10 physical therapy visits and the requested additional 8 physical therapy visits exceed the maximum per guideline. Also, by this point in time relative to the injury and splint removal, the patient should have been transitioned to a home exercise program. There is no objective documentation of continued formal physical therapy being superior to a home exercise program at this point in time relative to the injury. Therefore the request is not medically necessary.