

Case Number:	CM14-0116028		
Date Assigned:	08/04/2014	Date of Injury:	01/02/2014
Decision Date:	10/24/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/24/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 37-year-old who was injured on January 2, 2014 and diagnosed with a tear of the distal bicep tendon of the right upper extremity. The claimant underwent surgical repair on February 12, 2014. The progress report dated 06/09/14 described complaints of pain following surgery. Physical examination documented that strength was 4-/5 at the deltoid wrist extensors and 4/5 to the biceps. The medical records document that the claimant has completed 24 sessions of formal physical therapy postoperatively. This review is for the request for 12 additional sessions of physical therapy in direct relationship to the claimant's distal bicep tendon repair procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy for the right upper extremity, two to three times per week for four weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: According to the Post Surgical Rehabilitative Guidelines, the request for twelve additional sessions of physical therapy would not be indicated. At the time of the request for additional physical therapy, the claimant was four months post distal tendon repair and had

regained full range of motion with only mild residual weakness. The medical records document that the claimant has participated in 24 sessions of physical therapy, which is the amount that the Postsurgical Rehabilitative Guidelines recommend following this surgery. Based on the documentation indicating that the claimant has full range of motion and only mild weakness, and that the request for additional physical therapy would exceed the Postsurgical Guidelines, the request for post-operative physical therapy for the right upper extremity, two to three times per week for four weeks, is not medically necessary or appropriate.