

Case Number:	CM14-0128494		
Date Assigned:	09/22/2014	Date of Injury:	09/27/2006
Decision Date:	10/30/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/13/2014

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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic elbow pain reportedly associated with an industrial injury of September 27, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; earlier biceps tendon repair surgery in 2014; 24 sessions of subsequent occupational therapy, per the claims administrator; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated August 6, 2014, the claims administrator partially certified a request for 12 sessions of physical therapy for the elbow as six sessions of physical therapy for the same. The MTUS Postsurgical Treatment Guidelines were cited. The applicant did undergo a left elbow biceps repair surgery on April 1, 2014. The applicant was off of work, on total temporary disability, as of February 26, 2014. In a July 7, 2014 progress note, the applicant was off of work, on total temporary disability, it was noted. Persistent weakness and numbness were noted about the arm. 130 degrees of elbow range of motion was noted with some numbness and a positive Tinel sign appreciated about the elbow. The applicant was placed off of work, on total temporary disability, while an additional 12 sessions of physical therapy were sought. Norco was renewed. On August 20, 2014, the applicant was described as having suffered a nerve injury of the right arm after the biceps tendon repair surgery. The applicant was again placed off of work, on total temporary disability. An additional 12 sessions of physical therapy and a consultation with a nerve specialist were sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two (2) times a week for six (6) weeks for the left elbow: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The applicant has seemingly had prior treatment authorized (24-30 sessions), seemingly in excess of the 24-session course recommended in MTUS 9792.24.3 following biceps tendon rupture repair surgery, as apparently transpired here. As further noted in MTUS 9792.24.3.c.4.b, in cases in which no functional improvement is demonstrated, postsurgical treatment shall be discontinued at any time during the postsurgical physical medicine period. In this case, the applicant is off of work, on total temporary disability, and remains highly dependent on opioid agents such as Norco, despite having completed earlier physical therapy and occupational therapy already in excess of MTUS parameters. The attending provider himself acknowledged that the applicant had failed to progress with earlier treatment and suggested that the applicant consult a nerve specialist on the grounds that the applicant might have sustained a nerve injury during the biceps tendon repair surgery. All of the above, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20f despite completion of earlier physical therapy already in excess of MTUS parameters. Therefore, the request for additional treatment is not medically necessary.