

Case Number:	CM14-0160807		
Date Assigned:	10/06/2014	Date of Injury:	05/03/2013
Decision Date:	11/03/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/30/2014

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 56 year old male who sustained a vocational injury on 05/03/13 working as an installer. The medical records provided for review included the office note dated 06/24/14 that documented the claimant had undergone right elbow surgery on 03/24/14 for arthroscopy, extensive debridement of the right elbow joint, removal of large anterior loose body, chondroplasty of the radial head, capitellum, and ulnar-humeral articular surface with excision of osteophyte to the olecranon, and olecranon fossa and of coronoid osteophyte. In addition, the claimant also underwent open ulnar nerve decompression. On the 06/24/14 evaluation, it was documented that the claimant's pain level and swelling of the elbow head had decreased but he continued to have numbness in his fifth finger, ring finger and palm of the hand in addition to soreness/pain on the medial and lateral side of the right elbow. The records documented that the claimant 21 formal physical therapy sessions up to that point which had helped with range of motion and strengthening. He had been taking Ibuprofen and Tramadol. Physical examination revealed range of motion was 30 - 90 degrees with 50 degrees of supination and 60 degrees of pronation; he had a visible ulnar claw, and decreased sensation in the ulnar nerve distribution. He was given a diagnosis of large grade IV defect of the articular surface of the radial head, no loose bodies, severe ulnar nerve compression in the cubital tunnel and capitellar cartilage grade I - II changes. Additional therapy was recommended. This review is for the request for six to nine sessions of additional therapy for the right elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2-3x3 of the right 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.

Decision rationale: California Post-Surgical Rehabilitative Guidelines recommend that if it is determined that additional functional improvement can be accomplished after the completion of the general course of therapy; physical medicine treatment may be continued to postsurgical physical medicine. In cases where there is no functional improvement demonstrated, post-surgical treatment should be discontinued at any time during the post-surgical physical medicine. Patient education regarding post-surgical precautions, home exercise and self-management of symptoms should be ongoing components of treatment starting with the first visit. Intervention should include a home exercise program to supplement therapy visits. California Post-Surgical Rehabilitation Guidelines support 20 therapy visits over three months for cubital tunnel release for up to 6 months following surgical intervention, 20 visits over 2 months for up to 4 months following diagnostic arthroscopy and diagnostic debridement. The medical records provided for review suggest the claimant has already exceeded the recommended 20 visits of physical therapy for the surgical intervention of which he underwent. There is documentation that the claimant continues to make progress with regards to both subjective complaints and objective documented improvement. Additional physical therapy at this time would continue to exceed California Post-Surgical Treatment Guidelines and subsequently cannot be considered medically necessary. Therefore, the request for Physical therapy 2-3x3 of the right elbow is not medically necessary and appropriate.