

Case Number:	CM15-0003360		
Date Assigned:	01/14/2015	Date of Injury:	01/08/2014
Decision Date:	03/13/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/07/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 47 year old male with an industrial injury dated 01/08/2014 from a fall which resulted in a fracture of the right ulna. His diagnoses include fracture of the radial head right elbow, status post open reduction internal fixation, chronic right elbow pain, and right upper extremity neuropathic pain syndrome. The most recent diagnostic testing has included an x-ray of the right elbow (02/20/2014) which showed stable alignment of the fixation and proximal ulnar and radial fractures. He underwent an open reduction internal fixation of the right elbow (01/18/2014) and has since been treated with medications, 32 sessions of physical therapy, massage, and exercise program. In an orthopedic Agreed Medical Evaluation dated 12/08/2014, the injured worker reports ongoing pain in the right elbow, pain with extension and flexion, stiffness, and occasional numbness in the right arm from the elbow to the fingers. The objective examination revealed a slight flexion contracture of the right elbow and limitation of further flexion of a slight degree. There was no evidence of any instability and varus and valgus stress causes no instability. Reflexes were normal, active and symmetrical with no evidence of motor loss or sensory deficit. The treating physician noted (12/02/2014) an extension of the right upper extremity of -10 degrees and a flexion of 130 degrees with a strength of 4/5 and is requesting additional physical therapy which was denied by the utilization review. On 12/17/2014, Utilization Review non-certified a request for physical therapy for the right elbow 10 visits, noting the no exceptional findings and functional range of motion after 16 prior physical therapy visits and suggested transition to a home exercise program. The ACOEM Guidelines were

cited. On 01/22/2015, the injured worker submitted an application for IMR for review of physical therapy for the right elbow 10 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to right elbow x10 visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

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

Decision rationale: This patient presents with pain over the posterior and lateral aspect of the right elbow. The patient is status post ORIF of the right elbow on 1/8/14. The current request is for PHYSICAL THERAPY TO RIGHT ELBOW X10 VISITS. The patient is outside of the post surgical time frame. For physical medicine, the MTUS guidelines page 98 and 99 recommends for myalgia and myositis type symptoms 9 to 10 sessions over eight weeks. As indicated in AME report dated 12/8/14, the patient participated in physical therapy following the surgery and went to therapy for a few months. The medical file provided for review does not include any physical therapy notes. The number of completed therapy visits to date and the objective response to therapy were not documented in the medical reports. In this case, the treating physician does not discuss why the patient would not be able to transition into a self-directed home exercise program. Furthermore, there was no report of new injury, new surgery or new diagnosis that could substantiate the request for additional therapy. The requested physical therapy is not medically necessary.