

Case Number:	CM15-0006010		
Date Assigned:	01/20/2015	Date of Injury:	06/16/2014
Decision Date:	03/18/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/12/2015

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 49 year old male, who sustained a work related injury on June 16, 2014, after pushing a client in a wheelchair up a hill towards a nursing home when he tried to move a metal pole with his right hand and hold on to the wheelchair with the left hand. He complained of pain in the right elbow and forearm. The pain increased upon movement over the next few days. X rays revealed a possible fracture at the coronoid process. Diagnoses included a fractured elbow and ruptured biceps muscle and tendon. Treatment included pain medications, arm sling, gel ice pack and splinting. On July 8, 2014, the injured worker had a right elbow arthrotomy, repair of the biceps tendon performed. On December 15, 2014, a request for a service of physical therapy of the right bicep and elbow was non-certified by Utilization Review, noting MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right bicep and elbow: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-17, 11.

Decision rationale: Per the 11/19/14 report the patient presents s/p right proximal biceps tendon repair. Reports show this procedure was 07/08/14. The current request is for PHYSICAL THERAPY FOR THE RIGHT BICEP AND ELBOW. RFA's from 10/14/14 and 11/19/14 are included requesting continued physical therapy for the right biceps and elbow. As of 11/19/14 the patient is Temporarily Totally Disabled until the next appointment. MTUS post-surgical, Elbow and Upper Arm pages 15-17 state, rupture of biceps tendon Postsurgical treatment: 24 visits over 16 weeks. Postsurgical physical medicine treatment period: 6 months. MTUS, Post-surgical treatment guidelines, page 11 states, if postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. MTUS page 10 states; initial course of therapy means one half of the number of visits specified in the general course of therapy for the specific surgery. The 09/16/14 report states, the patient is in need of physical therapy to the right elbow for postoperative recuperation. He has residual atrophy, residual limitation of motion and he is in need of physical therapy, this is imperative. Physical therapy treatment reports show that the patient received session #8 for post-operative treatment for the right elbow on 10/24/14. This report states the pain level is about the same but there is significant improvement in range of motion, strength and function. The report further notes the patient had deficits that would limit return to work at 100%. The 11/19/14 report states, He is currently on physical therapy to help straighten up his right biceps tendon at repair. He will continue with his physical therapy treatment program for the right biceps and elbow at two to three times per week for four weeks. The RFA's provided state the request is for continued physical therapy. In this case, the patient is within a post-surgical treatment period. It appears this request is for an initial course of treatment of 8-12 visits and the patient had already received 8 visits with documented improvement as of 10/24/14. Guidelines allow up to 24 visits with 12 visits as an initial course of therapy. The request IS medically necessary.