

Case Number:	CM15-0111726		
Date Assigned:	06/18/2015	Date of Injury:	12/12/2014
Decision Date:	07/16/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/09/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 50-year-old female, who sustained an industrial injury on December 12, 2014. The injured worker reported an injury to her left elbow following a trip and fall incident. Imaging of the left elbow revealed a comminuted fracture of the proximal olecranon. Treatment to date has included splinting, medications, left elbow distal triceps repair with open reduction and internal fixation of the olecranon fracture with nonunion takedown on January 20, 2015 and post-operative physical therapy. Currently, the injured worker reports a continued loss of motion of the left elbow and reports that her pain is well-controlled. She has been using her Dynasplint and has two remaining sessions of physical therapy. On physical examination the injured worker has full range of motion of the cervical spine and very limited range of motion of the left elbow. She exhibited minimal pronation and supination of the left elbow but had noted improvement since the previous visit. The documentation revealed the injured worker participated in thirteen sessions of physical therapy from February 10, 2015 through March 24, 2015. The diagnosis associated with the request is status post left elbow olecranon open reduction and internal fixation. The treatment plan includes continued physical therapy and use of Dynasplint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, 2 times wkly for 6 wks, 12 sessions, for the elbow: Upheld

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

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

Decision rationale: The California chronic pain medical treatment guidelines section on physical medicine states: Recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e. g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007) Physical Medicine Guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729. 1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729. 2) 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337. 2): 24 visits over 16 weeks. The California MTUS recommend up to 24 physical therapy treatments post elbow surgery. The patient has already completed 13 sessions and the request for 12 additional sessions would be in excess of recommendations therefore the request is not medically necessary.

Dynasplint, rental for Left Elbow, 4 months: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Elbow - Splinting (padding).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, elbow surgery.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG elbow chapter does recommend splinting post elbow surgery for a short period of time. This period of time is not defined per the ODG and therefore a 4 month use of elbow splint is medically necessary.