

<b>Case Number:</b>	CM15-0112726		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	12/11/2014
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2015

### 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: Emergency Medicine

### 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 38 year old male, who sustained an industrial injury on December 11, 2014. He reported head pain and left elbow pain with no loss of consciousness after a semi-truck rollover. The injured worker was diagnosed as having open left olecranon fracture status post I&D of the left open fracture with wound vacuum and splint placement, cervical sprain/strain, lumbar sprain/strain, left shoulder strain and ligamentous injuries to the left ulna. Treatment to date has included diagnostic studies, radiographic imaging, left upper extremity nerve block, left upper extremity surgical intervention, occupational therapy, TENS unit, medications and work restrictions. Currently, the injured worker complains of continued left upper extremity pain, Left shoulder pain, low back pain and pain, tingling and numbness in the bilateral lower extremities. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on March 11, 2015, revealed continued constant pain to the left elbow with decreased range of motion. A TENS unit was prescribed as well as medications and occupational therapy. Evaluation on April 9, 2015, revealed continued pain as noted. Additional physical therapy for the left elbow was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy 2x Wk x 4 wks for the left elbow: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 17.

**Decision rationale:** As per MTUS Post-Surgical Treatment Guidelines, the recommended number of physical therapy sessions recommended for patient's surgical repair of elbow is 16 PT sessions. Patient has received a combination of 28 physical and occupational therapy in various body parts including elbow. Documentation clearly states that patient has exceeded maximum recommended sessions. There is no rationale provided as to why patient requires additional physical therapy and why patient cannot perform home directed PT with skills learned during prior sessions. Therefore, the request for additional physical therapy is not medically necessary.