

Case Number:	CM15-0176988		
Date Assigned:	09/17/2015	Date of Injury:	01/17/2014
Decision Date:	10/20/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/08/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 45 year old male who sustained an industrial injury on 1-17-2014. A review of medical records indicates the injured worker is being treated for status post right radial head arthroplasty. Medical records indicate stiffness in the elbow. Physical examination noted range of motion of the elbow was 30 to 130 degrees. Supination was 45 degrees and pronation was 90 degrees. There was full digital range of motion. Treatment has included at least 34 visits of physical therapy, activity restriction, and anti inflammatories. MRI of the right elbow dated 2-9-2015 revealed old healed radial head fracture, grade 4 chondromalacia of the central radial head with subchondral cyst formation, and small osteophytes at all articular margins. Utilization review form dated 8-26-2015 non-certified occupational therapy 8 sessions 2 x a week for 4 weeks for the right elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy 8 sessions to the right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Elbow & Upper Arm.

Decision rationale: The claimant sustained a work injury in January 2014 and underwent an arthroscopic right rotator cuff decompression and repair with labral debridement and biceps tenodesis on 07/11/14 followed by more than 30 sessions of postoperative therapy. On 07/16/15 of right radial head arthroplasty was done with a preoperative diagnosis of a radial head fracture. The claimant had postoperative therapy and, as of 08/10/15 had completed seven of 12 planned postoperative therapy treatments. When seen, he had improved but was having ongoing stiffness. Physical examination findings included significantly decreased elbow range of motion in extension. Range of motion was from 30 to 130 degrees. An additional eight physical therapy treatment sessions were requested. After the surgery performed, guidelines recommend up to 24 visits over 8 weeks with a physical medicine treatment period of 4 months. Guidelines recommend an initial course of therapy of one half of this number of visits and a subsequent course of therapy can be prescribed and continued up to the end of the postsurgical physical medicine period. In this case, the claimant had not completed the recommended course of initial post-operative therapy when the additional therapy was requested. For this reason, the request is not medically necessary.