

Case Number:	CM15-0177433		
Date Assigned:	09/18/2015	Date of Injury:	09/26/2013
Decision Date:	10/21/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/09/2015

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: 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 64 year old female, who sustained an industrial-work injury on 9-26-13. A review of the medical records indicates that the injured worker is undergoing treatment for right elbow arthrofibrosis. Medical records dated (6-17-15 to 7-27-15) indicate that the injured worker is a year and a half out from fracture of the right elbow with open reduction internal fixation (ORIF) and eight months out from her hardware removal. Part of the post-operative recovery involved arthrofibrosis for which she has continued to work with physical therapy and on her own has regained full range of motion. She reports no significant changes from previous visits. The medical records also indicate improvement of the activities of daily living. Per the treating physician report dated 3-30-15 the injured worker has returned to work with no restrictions. The claimant is nearly two years s/p injury and returned to work. The physical exam of the right elbow dated 7-27-15 reveals that she has full range of motion with flexion, extension and pronation. She has 45 degrees of 90 degrees of supination. It comes with a firm endpoint with her supination without pain. The physician indicates that he discussed with the injured worker to continue to work on the exercises on her own, continue with all activities as well as physical therapy. Treatment to date has included pain medication, surgery right elbow, physical therapy (unknown amount), cortisone injection right elbow 6-17-15, and other modalities. The request for authorization date was 8-4-15 and requested service included Physical therapy 2 times a week for 4 weeks for the right elbow. The original Utilization review dated 8-10-15 non- certified the request as the range of motion was full except for supination and it was unclear when the injured worker's most recent physical therapy was completed and

the injured worker has completed sufficient formal therapy to be able to continue to improve strength and range of motion with an independent, self-directed home exercise program (HEP). Therefore, medical necessity was not established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 4 weeks for the right elbow: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work injury in September 2013 with ORIF of the right elbow and subsequent hardware removal. When seen, she was eight months status post hardware removal. She had full flexion and extension with decreased supination with a firm endpoint without pain. Authorization is being requested for eight additional therapy sessions. The claimant is nearly 2 years status post injury and more than six months has passed since her last surgery. The physical examination findings reported suggest that her residual decrease in elbow range of motion is not due to a soft tissue restriction and is unlikely to respond to further therapy. Additionally, the claimant has already had postoperative physical therapy including instruction in a home exercise program. The number of additional treatments being requested is in excess of that recommended or what would be needed to revise her home exercise program. The request is not medically necessary.