

<b>Case Number:</b>	CM15-0178993		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	05/01/2012
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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: Arizona, California

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 59 year old male who sustained an injury on 5-1-12 resulting when two beams fell down and landed on his right arm. He sustained a non-displaced fracture of the radial head; and avulsion fracture of the dorsum of his triquetrum. Diagnoses include fracture right radial head; flexion contracture right elbow; and extension contracture right wrist. Treatments included medications, ice and hot applications, use of a stimulation unit, physical therapy, and massage. Diagnostic tests included X-rays and MRI scans. The Doctor's First Report on 8-20-15 chief complaint was pain in the right elbow and forearm and is rated 7-10 out of 10 in severity. The pain is better with medication, applying ice-hot and taking turmeric for inflammation and is made worse with picking up heavy items. He is currently not working. Current medications are OTC Aspirin twice daily as needed. Physical examination reveals tenderness over the lateral epicondylar region (right); Tinel's test is negative over the right median nerve at the wrist and ulnar nerve at the elbow; good range of motion bilateral upper extremities. X-rays right elbow and left elbow taken in the office. Right elbow revealed findings suggested healed radial head fracture and spurring of the ulnar coronoid process when compared to the normal findings on the left. Right wrist revealed calcified fragment of approximate .5 cm in the dorsal carpal regions; no other significant bony abnormalities noted and probably avulsion fracture right wrist otherwise unremarkable. He has chronic pain in the right upper extremity and an anti-inflammatory medication is noted to be reasonable. He has gastrointestinal upset with Motrin and Relafen is indicated that is less irritating to the stomach. Current requested treatments physical therapy twice weekly for 3 weeks right upper extremity: 6 and Relafen 500 mg #60. Utilization review 9-3-15 requested treatments are non-certified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy twice weekly right upper extremity qty:6:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Physical Methods, Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder chapter and pg 27.

**Decision rationale:** According to the ACOEM guidelines, therapy is for 1-2 visits with additional visits to be performed at home. The ODG guidelines allows for 16 sessions of therapy in the 1st 8 weeks. In this case, the claimant injured his elbow 8 months ago. A delayed evaluation indicated a possible old fracture. The request for 6 sessions of physical therapy is remote from the time of injury and not justified. There is no indication that the therapy cannot be completed at home. The request is not medically necessary.

**Relafen 500mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for an unknown length of time. The claimant did not tolerate the GI side effects of Motrin. Relafen can eventually cause the same problems. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. Continued use of Relafen is not medically necessary.