

<b>Case Number:</b>	CM15-0028731		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	08/19/2014
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 54-year-old male, who sustained an industrial injury on 8/19/2014. The diagnoses have included rupture of biceps tendon. He underwent surgical intervention and was authorized 6 postoperative physical therapy visits. Currently, the injured worker presented for reevaluation of his elbow. He reports some residual pain. Objective findings included 0-120 degree flexion. Supraspinatus strength is 4/5. Elbow flexion strength is 5/5. Continued range of motion and strengthening exercise were encouraged. On 2/10/2015, Utilization Review non-certified a request for extension postoperative physical therapy right elbow biceps (6 visits) noting that the clinical findings do not support the medical necessity of the treatment. The MTUS was cited. On 2/13/2015, the injured worker submitted an application for IMR for review of extension postoperative physical therapy right elbow biceps (6 visits).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Extension Post-operative Physical Therapy- right elbow bicep tendon- 6 visits:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 11; 16-17.

**Decision rationale:** The injured worker sustained a work related injury on 8/19/2014. The medical records provided indicate the diagnosis of rupture of biceps tendon. He underwent surgical intervention and was authorized 6 postoperative physical therapy visits. Currently, the injured worker presented for reevaluation of his elbow. The medical records provided for review do indicate a medical necessity for Extension Post-operative Physical Therapy- right elbow bicep tendon- 6 visits. The records indicate the injured worker has had 18 visits, but 6 additional sessions have been requested. The MTUS recommends that only the surgeon who performed the operation, a nurse practitioner or physician assistant working with the surgeon, or a physician designated by that surgeon can make a determination of medical necessity and prescribe postsurgical treatment under this guideline. The Postsurgical physical medicine guidelines recommend 24 visits over 16 weeks for rupture of biceps tendon treatment, within a treatment period of 6 months.