

<b>Case Number:</b>	CM15-0076606		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	01/13/2014
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	04/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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: Florida

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 53 year old male who sustained an industrial injury on 1/13/14 to his right elbow when he reached out to catch a falling beam he felt a popping in his arm. He had surgery to repair his distal bicep tendon in 4/2014. He currently complains of continued stiffness and pain at the right elbow and burning discomfort at the right forearm. His pain level is 2/10. Medications are not specified. Diagnoses include subacute distal biceps rupture, right elbow; subacute extensor origin rupture, right elbow; lateral antebrachial cutaneous nerve injury, right elbow; right hand/ wrist carpal tunnel syndrome; cubital tunnel syndrome, right elbow; sleep apnea; diabetes; obesity. Treatments to date include physical therapy. Diagnostics include electromyography/ nerve conduction study (3/4/15, 8/8/14) abnormal findings; x-ray of the right elbow. In the progress note dated 3/12/15 the treating provider's plan of care does not recommend surgery as the nerve has demonstrated improvement. He has improved range of motion and more therapy is recommended. Since surgery is not recommended post-operative physical therapy is not an issue.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Postoperative physical therapy 2x6, right elbow:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, page(s) 132-133.

**Decision rationale:** In accordance with MTUS guidelines, the physical medicine recommendations state, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Guidelines also state, "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." This patient has previously had 36 sessions of physical therapy, but now his physician is requesting an additional 12 sessions. The guidelines recommend fading of treatment frequency, which this request for a new physical therapy plan does not demonstrate. Likewise, this request is not medically necessary.