

Case Number:	CM15-0091546		
Date Assigned:	05/15/2015	Date of Injury:	08/16/2014
Decision Date:	06/17/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/12/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 58 year old female who sustained an industrial injury on August 16, 2014. Previous treatment includes open reduction and internal fixation of the right elbow/radial and ulnar, physical therapy, and medications. Currently the injured worker complains of mild pain in the right elbow. She has reported with physical therapy she has been able to increase her range of motion at the wrist and elbow. The swelling in her elbow has decreased. Diagnoses associated with the request include right proximal radius and ulnar displacement and status post open reduction and internal fixation of the right elbow/radial and ulnar. The treatment plan includes eight sessions of physical therapy to the right elbow and follow-up appointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 2 x 4 right elbow: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, additional physical therapy two times per week times four weeks to the right elbow is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are right proximal radius and ulnar displacement; and status post open reduction internal fixation right elbow/radial/ ulnar date of service August 21, 2014. The medical record states the injured worker received 30 physical therapy sessions to the affected elbow. Subjectively, according to an April 7, 2015 progress note, the injured worker is much improved and has mild right elbow pain. Range of motion is increased and she feels (although not 100%) she is able to return to work. After 30 physical therapy sessions, the injured worker should be well versed in the exercises encountered during physical therapy to engage in a home exercise program. There are no compelling clinical facts documented in the medical record to support ongoing physical therapy. Consequently, absent compelling clinical documentation in the medical record to support additional physical therapy, additional physical therapy two times per week times four weeks to the right elbow is not medically necessary.