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| Case Number: | CM15-0093222 | | |
| Date Assigned: | 05/19/2015 | Date of Injury: | 05/30/2014 |
| Decision Date: | 06/19/2015 | UR Denial Date: | 05/04/2015 |
| Priority: | Standard | Application Received: | 05/14/2015 |

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 51 year old male, who sustained an industrial injury on 05/30/2014. The injured worker reported falling when a 20-foot ladder collapsed underneath him, and he was noted to fall to the ground. The injured worker was noted to have undergone an open reduction and internal fixation (ORIF) of the left olecranon. On provider visit dated 04/23/2015 the injured worker has reported low back, right wrist, neck and left elbow pain. He was noted to be undergoing left elbow physical therapy. He was noted to have a decreased range of motion. The diagnoses have included fracture upper end radius with ulna - left status post ORIF and hardware removal. Treatment to date has included 5 occupational therapy session and medications. The provider requested 12 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of physical therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, 12 sessions physical therapy are 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 diagnosis is other complications due to internal orthopedic device, implants and grafts. The injured worker completed 16 out of 16 physical therapy sessions after the surgical procedure. The injured worker completed 5 sessions of physical therapy post hardware removal. The injured worker has significant functional improvement with near full range of motion. The injured worker's anticipated return to work is approximately 4 weeks. The medical record documentation does not contain a clinical rationale for an additional 12 sessions of physical therapy despite the injured workers significant improvement. The utilization review modified the request to an additional 8 sessions of physical therapy. There are no compelling clinical facts indicating an additional 12 sessions of physical therapy are warranted. Consequently, absent clinical documentation with a clinical indication and rationale for an additional 12 physical therapy sessions over and above 16 physical therapy sessions provided postoperatively and an additional 5 physical therapy sessions provided post hardware removal, 12 sessions physical therapy are not medically necessary.