

Case Number:	CM13-0003408		
Date Assigned:	12/18/2013	Date of Injury:	10/29/2012
Decision Date:	02/13/2014	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	07/25/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in orthopedic surgery, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 41-year-old female who was injured on 10/29/12 with recent clinical progress report of 11/22/13 giving the claimant a diagnosis of right elbow ulnar neuropathy status post ulnar nerve decompression and bilateral wrist mild carpal tunnel syndrome. It indicates at that time that the claimant underwent a 03/13/13 right elbow ulnar nerve decompression and subcutaneous transfer. There were persistent complaints of pain and numbness with objective findings showing no instability, tenderness over the medial epicondyle and cubital tunnel with mild swelling and healed incision. Recommendations at that time were for continuation of a physical therapy program two times a week for an additional four weeks for further treatment. Review of prior physical therapy reports indicate that the claimant has had at least 20 documented sessions of therapy through June of 2013. Clinical imaging is not available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS Postsurgical Rehabilitative Guidelines, continuation of formal physical therapy in this case would not be supported. Records indicate that since March of 2013 the claimant has already undergone 20 sessions of therapy for which California MTUS Postsurgical Rehabilitative Guidelines recommend "20 visits over three months" with the postsurgical medication physical treatment period being six months. While the claimant continues to be with some tenderness and pain, there is no documentation of functional deficit to the elbow. It would be unclear at this stage in the clinical course as to why transition to a home exercise program or consideration to other forms of postoperative measures could not be given. The continued use of formal physical therapy based on therapy already utilized in the timeframe from procedure would not be deemed necessary.