

<b>Case Number:</b>	CM13-0023489		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	07/10/2011
<b>Decision Date:</b>	03/25/2014	<b>UR Denial Date:</b>	08/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

This case involves a 55-year-old female, who was injured on 7/10/2011. She has been diagnosed with status post carpal tunnel release (CTR), with ulnar nerve decompression at the wrist; and status post right ulnar nerve transposition at the elbow and right lateral epicondylitis. On 8/23/13 [REDACTED] Utilization Review (UR) reviewed an 8/9/13 request for authorization (RFA) from the physical therapist, [REDACTED], and a 7/2/13 physical therapy (PT) progress note from [REDACTED] and [REDACTED]. The UR denied the request for PT three (3) times a week for four (4) weeks for the right arm, because the requested additional information was not received. On 5/15/13, an operative report shows that the patient underwent a right ulnar nerve subcutaneous transposition, repair of right flexor origin; modified right medial epicondylectomy; microsurgical neurolysis of ulnar nerve at the elbow; and right CTR and right ulnar nerve decompression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy three (3) times a week for four (4) weeks for the right arm:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 10 Elbow Disorders (Revised 2007), Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** The patient presents with right upper extremity pain. The records indicate that she underwent an ulnar transposition at the elbow and carpal tunnel release, and ulnar decompression at the wrist on 5/15/13. On 5/29/13 the surgeon requested hand therapy times twelve (12). The initial physical therapy (PT) evaluation was on 6/3/13, and the therapist reiterated the surgeon's request for PT times twelve (12). The 6/27/13 follow-up report from [REDACTED] states that the therapy had not started yet, but was anticipated to start on 7/2/13. The 7/2/13 PT note states that they will "continue" with the PT times twelve (12). The 8/1/13 report from [REDACTED] states that there is slow improvement and requests hand therapy two (2) times a week for six (6) weeks. The 8/29/13 report from [REDACTED] states that the patient had not had therapy as it was denied. The Postsurgical Guidelines indicate that a general course of care for ulnar entrapment/cubital tunnel at the elbow is twenty (20) sessions, and the initial course is ten (10) sessions. The patient also had ulnar release at the wrist, and the guidelines state that the general course for this is twenty (20) sessions, and the initial course is ten (10) sessions. The third surgical procedure was the carpal tunnel release (CTR), and the guidelines state that the general course of care is three to eight (3-8) sessions or two to four (2-4) sessions for the initial course. The records indicate that the physician has been trying to get the patient twelve (12) sessions of PT since 5/29/13. The patient only had the 6/3/13 PT evaluation, and one (1) visit on 7/2/13, and all other sessions were denied. Considering the three (3) surgical procedures the patient underwent and the guidelines initial courses of care for the procedures, the twelve (12) post-surgical sessions are in accordance with the guidelines.