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| <b>Case Number:</b>   | CM13-0032121 |                              |            |
| <b>Date Assigned:</b> | 12/04/2013   | <b>Date of Injury:</b>       | 01/29/2013 |
| <b>Decision Date:</b> | 02/20/2014   | <b>UR Denial Date:</b>       | 09/17/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/07/2013 |

### 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 Texas. 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 59-year-old male who reported a work-related injury on 01/29/2013. The patient subsequently is status post ulnar collateral ligament reconstruction using hamstring allograft, ulnar nerve neurolysis, and a repair of the flexor/pronator mass as of 06/20/2013. A clinical note dated 10/21/2013 reports the patient has only attended 8 sessions of postoperative physical therapy. Upon exam of the patient's left upper extremity, the provider documents the patient's postoperative wounds look good, the patient's nerve functions properly; however, the patient's range of motion is stiff. The patient has range of motion of 30 to 115 degrees, supination if 70 degrees, and pronation is 60 degrees. The provider documented decreased sensation to the ulnar nerve. The provider documents the patient requires additional physical therapy interventions; otherwise, the patient will not have the ability to return to work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy 2xwk x 4wks for the left elbow:** Upheld

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

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

**Decision rationale:** The clinical documentation submitted for review reports the patient underwent operative interventions in 06/2013. The patient subsequently utilized 8 sessions of

postoperative physical therapy. The MTUS Postsurgical Treatment Guidelines indicate the patient for a postoperative treatment for an elbow collateral ligament may utilize 14 visits over 6 months, and for cubital tunnel release the patient may utilize 20 visits over 3 months. Therefore, an additional 8 sessions of physical therapy postoperatively for this patient is indicated and supported. As such, the request for additional physical therapy 2xwk x 4wks for the left elbow is medically necessary and appropriate.