

Case Number:	CM13-0036423		
Date Assigned:	02/20/2014	Date of Injury:	08/18/2009
Decision Date:	04/22/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/21/2013

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. The expert 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 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/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 54 year old female with a date of injury of 08/18/2009. The listed diagnoses per [REDACTED] are, Ten days post release right radial tunnel with symptom improvement but typical residual for dates; Ten days post release Wartenberg's with discomfort from the surgery;and Mild postoperative ulnar neuritis. According to the report dated 09/30/2013 by [REDACTED], the patient presents 10 days post right radial tunnel and Wartenberg's release. It is notes, that the patient comes in earlier than scheduled due to some increased pain. It is reported that the patient notes her proximal incision is "itching and very tender". Patient is also concerned about the bruising that has showed up. Additionally, it is also notes that there is numbness and tingling in her little and ring finger. Examination reveals mild erythematic, slight firmness about the incisions with no cellulitis. Records indicate that the patient does have a fair amount of ecchymosis on the ulnar side and posterior medial elbow. There is a light shade of green with some darker blue proximally but she does show full range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postoperative occupational therapy (12 sessions): 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 Page(s): 15-17.

Decision rationale: For the elbow, the MTUS Post Surgical Guidelines recommends 20 visits over 10 weeks. Postsurgical physical medicine treatment period: 6 months. A review of the records show that the treating physician requested post surgical therapy immediately after the surgery. The patient is 10 days post surgery and presents with increase in pain with bruising. The treating physician is requesting post operative therapy, specifying that 12 sessions are being requested. As medical records document, this patient has not had any post operative physical therapy. The MTUS recommends 20 visits for this type of procedure. The request for 12 physical therapy sessions is medically necessary and appropriate.