

Case Number:	CM13-0045195		
Date Assigned:	12/27/2013	Date of Injury:	11/16/2011
Decision Date:	02/21/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	10/31/2013

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 & 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 patient injured her left wrist and forearm on 11/16/11 when she was working with a patient pulling on some sheets and not expecting the patient to pull back, she developed a stretch injury to her left wrist and left forearm. The IMR application shows a dispute with the 10/29/13 UR denial of surgical release of the left 1st extensor compartment, release of common extensor tendons and at epicondyle, left ulnar nerve decompression and transposition, postop PT x12 and pre-op studies. The UR letter is from [REDACTED], and the denial was because the reviewer was not sure if the patient tried a cortisone injection for the DeQuervains.

IMR ISSUES, DECISIONS AND RATIONALES

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

surgical release left first extensor compartment, release of common extensor tendons at epicondyle, left ulnar nerve decompression and transposition: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 35-36. Decision based on Non-MTUS Citation ODG-TWC Elbow Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 36-37.

Decision rationale: The 12/28/12 EMG/NCV of the left upper extremity was a normal study, no evidence of left CTS or any other upper limb nerve problems. The MTUS/ACOEM guidelines for ulnar transposition states transposition surgery is only indicated if there are positive electrodiagnostic findings. The request for ulnar nerve transposition is not in accordance with MTUS/ACOEM guidelines. I am unable to offer partial certification so the request for ulnar nerve transposition with decompression and surgery for DeQuervain's release and the surgery for common extensor release cannot be approved.

post-op physical therapy X 12: 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: The MTUS post surgical guidelines state: "Initial course of therapy" means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in subdivision (d)(1) of this section. For extensor tendon repair the general course of care is 14-18 sessions, so the initial course of care is 7-9 visits, for cubital tunnel/ulnar surgery that was not approved, the general course of care is 20 PT sessions, so the initial course would be 10 visits. The request for 12 sessions of post-op PT will exceed the MTUS post-surgical recommendations for an initial course of care.

post-op studies: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guidelines or Medical Evidence: It is not known what is requested; therefore it is not possible to determine what MTUS guideline would apply. According to LC4610.5(2) "Medically necessary" and "medical necessity" mean medical treatment th

Decision rationale: This is an incomplete prescription or description. It is not known what type of "Post-op studies" is requested. Without a description of what is requested, I cannot tell what MTUS guideline to cite, or apply. I cannot confirm that whatever is requested would be in accordance with MTUS guidelines.