

Case Number:	CM13-0050059		
Date Assigned:	12/27/2013	Date of Injury:	05/05/2006
Decision Date:	03/24/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/08/2013

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 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 53-year-old male who reported an injury on 05/05/2006; the mechanism of injury was not provided. The patient had a right ulnar nerve transposition for cubital tunnel syndrome on 05/09/2013. The patient was noted to have undergone 24 sessions of postoperative physical therapy. The most recent physical examination revealed the patient's diagnoses to be status post right elbow surgery. There was noted to be tenderness to palpation of the right elbow and range of motion of the right elbow was decreased. Request was made for occupational therapy 1 to 2 times a week for 6 weeks for the right elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy 1-2 times a week for 6 weeks to the right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Postsurgical Chronic Pain Medical Treatment Guidelines do not address postoperative physical therapy for the elbow. As the patient's surgery was on 05/09/2013, he is well past the postoperative period. As such, there was application of California MTUS, Physical

Medicine Guidelines which indicate that treatment is recommended with a maximum of 9 to 10 visits for myalgia and myositis and 8 to 10 visits may be warranted for the treatment of neuralgia, neuritis, and radiculitis. The clinical documentation submitted for review failed to provide a thorough objective physical examination. Additionally, the patient should be well versed on a home exercise program as they were noted to have completed 24 sessions of postoperative therapy. There was lack of documented objective functional deficits remaining to support further therapy. Given the above, the request for Occupational Therapy 1-2 times a week for 6 weeks to the right elbow is not medically necessary.