

<b>Case Number:</b>	CM13-0050491		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/11/2012
<b>Decision Date:</b>	04/29/2014	<b>UR Denial Date:</b>	10/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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 Occupational Medicine 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 32 year old female who was injured on 03/29/2012. The mechanism of injury is unknown. Prior treatment history has included Naproxen. The patient underwent right endoscopic carpal tunnel release on 11/03/2012; right lateral elbow extensor tendon debridement and partial ostectomy; and right lateral elbow extensor tendon repair on 05/18/2013. Diagnostic studies reviewed include Electromyography (EMG)/Nerve Conduction Velocity (NCV) of the upper limb pain and numbness performed on 08/16/2012 revealed right moderate to severe and left mild median neuropathy at the wrists. Supplemental Report dated 10/14/2013 indicated the patient still has some reported weakness of the right arm. Her shoulder has reportedly been doing well. Objective findings on exam revealed a well healed right lateral surgical incision scare. No gross deformity is evident; elbow carrying angle is normal bilaterally. There is no soft tissue swelling evident. The upper arm and forearm muscle bulk appears normal bilaterally. There are no signs of focal or diffuse muscle atrophy. There is decreased sensation over the right lateral elbow. There is normal color and temperature noted bilaterally. There are no skin lesions or ecchymoses evident. Range of motion revealed elbow extension 180 bilaterally; elbow flexion 140 bilaterally; forearm Supination 80 on the right and 90 on the left; forearm pronation 80 on the right and 90 on the left. There is no abnormal ligamentous laxity of the elbow demonstrated. There is no joint crepitus. Percussion over the cubital tunnel and medial elbow does not elicit abnormal or asymmetric distal paresthesias in the ulnar distribution. Resisted wrist finger extension does not elicit lateral elbow pain bilaterally; resisted wrist finger flexion does not elicit medial elbow pain bilaterally. Physical therapy was recommended for postoperative right elbow rehabilitation. Therapy has been prescribed 2 times a week for 4 weeks.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **ADDITIONAL POST OP PHYSICAL THERAPY TWO TIMES A WEEK FOR FOUR WEEKS FOR THE RIGHT ELBOW:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG) Official Disability Guidelines/Integrated Treatment Guidelines, Disability Duration Guidelines (DDG), (ODG Treatment in Workers' Comp 2nd Edition)- Disability Duration Guidelines (DDG) ((ODG) Official Disability Guidelines 9th Edition)/Work Loss Data Institut

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 20.

**Decision rationale:** The patient has had two surgeries to the upper extremity in different sites. Therefore, a slight deviation from the recommended guidelines is appropriate. Additional Physical Therapy (PT) is medially necessary