

Case Number:	CM13-0055581		
Date Assigned:	12/30/2013	Date of Injury:	01/06/2012
Decision Date:	05/29/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/21/2013

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 Osteopathic Manipulative Medicine, and is licensed to practice in Arizona. 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:

This is a 58 year old male who sustained an injury to his right elbow with unknown mechanism of injury on 1/6/12 that resulted in right hand numbness and pain. The patient underwent right ulnar nerve decompression at the cubital tunnel on 9/9/13. Request was made by an orthopedic surgeon for Occupational Therapy to address desensitization, modalities and range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

OCCUPATIONAL THERAPY THREE TIMES WEEKLY FOR 6 WEEKS, RIGHT ELBOW: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 18.

Decision rationale: My rationale for approving this treatment is based upon the authorization of "Ulnar nerve entrapment/Cubital tunnel syndrome (ICD9 354.2): Postsurgical treatment: 20 visits over 10 weeks", with 'Postsurgical physical medicine treatment period: 6 months'. Request is medically necessary.