

<b>Case Number:</b>	CM13-0069924		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	02/01/2013
<b>Decision Date:</b>	06/04/2014	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2013

### 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 Orthopedic Surgery, has a subspecialty in Hand Surgery, and is licensed to practice in Texas. 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 injured worker is a 53-year-old male who reported an injury on 02/06/2013. The mechanism of injury was not stated. Current diagnoses include cervical musculoligamentous strain, left elbow ulnar nerve subluxation, left carpal tunnel syndrome and non-industrial left shoulder impingement. The injured worker was evaluated on 11/18/2013. The injured worker has completed a course of physical therapy. Physical examination revealed diminished cervical range of motion, subluxation of the ulnar nerve on the left, equivocal Tinel's testing, positive elbow flexion testing, and intact sensation. Treatment recommendations at that time included physical therapy for the cervical spine and a left ulnar nerve decompression with transposition of the left elbow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**POSTOPERATIVE PHYSICAL THERAPY SESSIONS, THREE (3) TIMES A WEEK FOR FOUR (4) WEEKS, TOTAL OF TWELVE (12) SESSIONS, FOR THE LEFT ELBOW:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 16-18.

**Decision rationale:** California MTUS Guidelines state the 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. Postsurgical treatment for ulnar nerve entrapment or cubital tunnel syndrome includes 20 visits over 10 weeks. The current request for 12 sessions of postoperative physical therapy exceeds guideline recommendations. There is also no indication that this injured worker's surgical procedure has been authorized. Based on the clinical information received and the California MTUS Guidelines, the request is not medically necessary.