

Case Number:	CM13-0071174		
Date Assigned:	01/08/2014	Date of Injury:	06/08/2005
Decision Date:	04/24/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	12/26/2013

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 and is licensed to practice in Illinois. 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 55 year-old female that reported an injury on 05/06/2005 and the mechanism of injury was not provided. The patient had surgery on 08/15/2013 for left cubital tunnel release with subcutaneous transposition of the ulnar nerve and release of ulnar nerve at the guyon's canal. The patient's current diagnosis is noted as cubital tunnel syndrome of the left arm. The patient has been recovering from the surgery and has received unknown session of physical therapy. The clinical note from 11/19/2013 indicated the patient is still having some pain and numbness is evident in the ulnar nerve distribution system. The patient indicated that overall she has plateau in therapy. The current treatment plan is physical therapy 2 times week For 6 weeks/right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 Times Week For 6 Weeks/Right Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Workers' Compensation, Online Edition

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

Decision rationale: California Medical Treatment Utilization Schedule (MTUS), 2009, Post-Surgical Rehabilitation guidelines recommend for postsurgical treatment (open): 20 visits over 3 months and within a 6 month period. With a trial period being recommended a trial period of at least have the sessions with reassessment to show patient is obtaining measurable gains. The patient was noted to have previously had physical therapy; however, details including the number of visits completed and measurable objective functional gains made with the treatment were not provided to support additional therapy. In the absence of these details, the request for additional Physical Therapy 2 Times Week for 6 Weeks/Right Wrist is not medically necessary.