

Case Number:	CM13-0072471		
Date Assigned:	01/08/2014	Date of Injury:	07/09/2008
Decision Date:	06/23/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/31/2013

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 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 53 year old male with cubital tunnel syndrome of the right elbow due to overuse injury sustained while working in the grocery profession. The date of injury is November 2005 and an ulnar nerve transposition was performed on September 28, 2011. The records dated December 17, 2012 to January 8, 2014 from the primary treating physician/orthopedic surgeon and progress notes from physical therapy September 4, 2013 to November 25, 2013 were reviewed. A network medical review dated May 20, 2014 was also reviewed. The patient continues to have complaints of pain and difficulty gripping and twisting. The request is for physical therapy two times per week for five weeks to treat the cubital tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 TIMES A WEEK FOR 5 WEEKS FOR THE RIGHT ELBOW:

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

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

Decision rationale: The injured worker underwent ulnar nerve transposition on September 28, 2011 and is over two years status post-surgery. The patient has received 12 sessions of physical

therapy in 2013 and it is also noted in the network review that patient received 16 sessions of therapy in 2012. Based on ACOEM post-surgical treatment guidelines, further therapy is not indicated as it is well beyond 6 months post-surgery and has received greater than the recommended number of visits. Furthermore, the patient has failed to demonstrate improvement in pain, strength and function according to physical therapy records. The request for physical therapy two times a week for 5 weeks is not medically necessary.