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| <b>Case Number:</b>   | CM14-0000450 |                              |            |
| <b>Date Assigned:</b> | 01/22/2014   | <b>Date of Injury:</b>       | 01/31/2011 |
| <b>Decision Date:</b> | 06/13/2014   | <b>UR Denial Date:</b>       | 12/12/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/02/2014 |

### 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 48 year old male who reported an injury on 01/31/2011. On 04/16/2013 the injured worker underwent an ulnar nerve transposition on the right. On 04/24/2013 the injured worker had 0-150 degrees of right elbow range of motion. On 06/10/2013 the injured worker was noted to have full range of motion. The injured worker was seen on 02/05/2014 with complaints of elbow soreness and pain in his hand. The physicians progress report notes referral to a hand surgeon. The request for authorization for medical treatment is not in the review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **POST OPERATIVE PHYSICAL THERAPY RIGHT ELBOW: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** The CA MTUS Post Surgical Treatment guidelines allow for postsurgical treatment: 20 visits over 10 weeks. The request does not indicate the number of visits over a specified time period. The injured worker does not have any significant functional deficits to warrant formal therapy at this time. Thus, the request is not medically necessary.