

Case Number:	CM14-0002012		
Date Assigned:	01/24/2014	Date of Injury:	09/25/2007
Decision Date:	06/19/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/07/2014

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 Physical Medicine and Rehabilitation 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 an employee of [REDACTED] and has submitted a claim for numbness and tingling sensation in his right hand, associated with an industrial injury date of September 25, 2007. Treatment to date has included cubital tunnel release of the right elbow, with anterior ulnar nerve transposition on 06/22/2012; physical therapy, and medications. Medical records from 2007 through 2014 were reviewed; the latest of which was a progress report dated January 13, 2014. Patient complained of numbness and tingling sensation in his right wrist and hand. Pain was constant and moderate to severe in intensity associated with weak grip. There was numbness and tingling of the fourth and fifth fingers of the right hand. He had difficulty performing prolonged grasping activities. Physical examination revealed weakness in the interosseous but with good firing of the hypothenar. Sensation was diminished in the ulnar edge of the hand and the digits proximally. The patient's Tinel's and Guyon's tests were positive. A utilization review from December 31, 2013 modified the request for Post-op physical therapy QTY: 24.00 into 4 sessions because the guidelines recommend an initial course of treatment of ½ of the recommended number, which are 8 visits for ulnar nerve release.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST-OP PHYSICAL THERAPY QUANTITY: 24: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines
Page(s): 6.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: According to CA MTUS Postsurgical Treatment Guidelines, physical therapy for 20 visits over 10 weeks is recommended for status-post ulnar nerve entrapment / cubital tunnel syndrome. In this case, the patient manifested with chronic tingling and numbness of the 4th and 5th digits of the right hand, associated with weakness. Surgical plan is right ulnar nerve release and Guyon's canal. Physical therapy is necessary post-operatively, however, the present request of 24 sessions exceeds the guideline recommendation of 20 visits. There is no documented indication for the quantity of visits being requested. Therefore, the request for post-op physical therapy, Qty 24 is not medically necessary.