

Case Number:	CM14-0004236		
Date Assigned:	02/05/2014	Date of Injury:	10/09/2002
Decision Date:	06/20/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	01/10/2014

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, 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 claimant is a 61 year old male who was injured on 10/09/02. The clinical records provided for review document that he sustained an injury to the right upper extremity for which the Utilization Review on 12/30/13 certified a right cubital tunnel release and ulnar nerve transposition procedure. The specific request for this case is for twelve sessions of postoperative physical therapy in the initial postoperative period of time.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST-OP PHYSICAL THERAPY (3X4) = 12 SESSIONS: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: POST SURGICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on the MTUS Postsurgical Treatment Guidelines, 12 initial sessions of physical therapy would be supported. Surgical intervention in the form of a cubital tunnel release and ulnar nerve transposition has been supported. The initial course of 12 postoperative physical therapy sessions falls within the recommendations of the MTUS Postsurgical Guidelines. The request is medically necessary and appropriate.

