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| Case Number: | CM14-0005204 | | |
| Date Assigned: | 01/24/2014 | Date of Injury: | 08/20/2012 |
| Decision Date: | 06/09/2014 | UR Denial Date: | 12/28/2013 |
| Priority: | Standard | Application Received: | 01/14/2014 |

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 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 53 year old male who reported injuries to his left arm, shoulder, elbow, forearm, and bicep on 08/20/2012. Within the clinical note dated 01/28/2014 the injured worker was reported status post for left ulnar transposition on 02/13/2013 and status post left shoulder arthroscopy on 08/28/2013. The injured worker reported pain in his left shoulder rated 5-6/10 and elbow pain rated 4-5/10. The physical examination reported the left elbow range of motion was flexion 140 degrees and 0 degrees extension. The request for authorization was not found within the submitted documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 ADDITIONAL POSTOPERATIVE PHYSICAL THERAPY VISITS FOR THE LEFT ELBOW: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 18.

Decision rationale: The Expert Reviewer's decision rationale: The request for 12 additional postoperative physical therapy visits for the left elbow is non-certified. The CA MTUS for post-operative ulnar nerve entrapment/Cubital tunnel syndrome the postsurgical treatments be no

more than 20 visits over 10 weeks with a postsurgical physical medicine treatment period of 6 months. In addition, the primary function of physical therapy is to restore functional deficits. The injured worker's surgical procedure was 02/13/2013 and exceeds the guidelines recommended post-surgical treatment period. In addition, there was a lack of documentation of functional deficits and was conflicting with the reported range of motion of the injured worker. As such, the request for 12 additional postoperative physical therapy visits for the left elbow is not medically necessary.