

<b>Case Number:</b>	CM14-0006691		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	11/05/2010
<b>Decision Date:</b>	06/23/2014	<b>UR Denial Date:</b>	01/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/17/2014

### 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 Chiropractic 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 injured worker is a 51-year-old male who experienced an industrial injury on 11/05/2010. The injured reportedly strained his left elbow and shoulder while sanding and scraping a building and preparing the windows for painting. Upper extremity electrodiagnostic studies of 06/07/2013 were consistent for findings of bilateral cubital tunnel syndrome and carpal tunnel syndromes. The patient seen in follow-up exam on 07/01/2013 with complaints of elbow pain when pushing and pulling things such as door handles. On 07/01/2013, diagnoses were bilateral cubital tunnel syndrome, bilateral carpal tunnel syndrome, left elbow medial greater than lateral epicondylitis and tendinosis, and ulnar neuropathy. Follow-up visit on 07/10/2013 the injured presented with complaints of increased left elbow pain for the prior two days, without history of new injury. The patient was reportedly under current care for carpal tunnel syndrome. He was diagnosed with elbow tenosynovitis (727.09) and medial epicondylitis (726.31). The provider questioned the need for surgical intervention and the patient denied a second cortisone injection on 07/10/2013. On this day, a prescription for Naproxen and Hydrocodone/Acetaminophen was written. On 08/22/2013, the patient underwent left medial elbow flexor tendon debridement and repair, left ulnar nerve decompression and release at the elbow, and left carpal tunnel release. At follow-up exam on 08/28/2013 a home exercise program was taught. The patient was seen for follow-up exam on 09/05/2013 with a recommendation to begin physical therapy. At follow-up visit dated 12/27/2013 the patient reported increased strength and work tolerance for grasping and use of equipment, he was working full time full duty; the injured also requested additional therapy. Although no physical therapy clinical records were provided for this review, information indicates the patient had completed 25 sessions of physical therapy as of 12/03/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDITIONAL POSTOPERATIVE PHYSICAL THERAPY 2X4 - LEFT UPPER  
EXTREMITY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16,18,22.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16, 18, 22..

**Decision rationale:** The MTUS Postsurgical Treatment Guidelines do not support medical necessity for the requested additional postoperative physical therapy sessions at a frequency of 2 times per week for 4 weeks. In follow-up on 12/27/2013 the patient reported increased strength and work tolerance for grasping and use of equipment, he was working full time at full duty, and the patient wanted additional therapy. Based on information provided for this review, although no physical therapy clinical records were submitted, information indicates the patient had completed 25 physical therapy sessions as of 12/03/2013, exceeding MTUS Postsurgical Treatment Guidelines recommendations. Relative to postsurgical carpal tunnel, MTUS supports 3-8 postsurgical treatments over 3-5 weeks. Relative to ulnar nerve entrapment/cubital tunnel syndrome, MTUS supports 20 postsurgical treatments over 10 weeks. Relative to elbow debridement, MTUS supports 20 postsurgical treatments over 2 months. Per submitted information, the injured treated in excess of MTUS Postsurgical Treatment Guidelines recommendations at the time of the request for additional treatments; therefore, additional postoperative physical therapy sessions are not supported to be medically necessary.