

Case Number:	CM14-0007166		
Date Assigned:	02/07/2014	Date of Injury:	05/29/2012
Decision Date:	06/23/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/20/2014

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:

According to the records made available for review, this is a 26-year-old female with a May 29, 2012 date of injury, and status post left carpal tunnel release, ulnar nerve decompression at the wrist, left medial elbow arthrotomy with synovectomy, left cubital tunnel release with anterior submuscular transposition, partial medial epicondylectomy, and secondary repair of the left flexor pronator origin October 22, 2013. At the time of request for authorization for post-operative physical therapy left upper extremity (December 27, 2013), there is documentation of subjective (pain and numbness improving with therapy) and objective (slight tenderness over the left cubital tunnel and carpal tunnel scars, 5 degree flexion contracture at the left elbow with some pain at extremes of motion, and diminished grip strength) findings, current diagnoses (status post left carpal tunnel release, ulnar nerve decompression at the wrist, left medial elbow arthrotomy with synovectomy, left cubital tunnel release with anterior submuscular transposition, partial medial epicondylectomy, and secondary repair of the left flexor pronator origin October 22, 2013 and bilateral forearm tendonitis), and treatment to date (medications, activity modification, and physical therapy (with reported ongoing progress). December 16, 2013 Physical therapy progress note identifies 10 visits completed to date and increased range of motion with previous therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST OPERATIVE PHYSICAL THERAPY LEFT UPPER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: POST-SURGICAL TREATMENT GUIDELINES , CARPAL TUNNEL RELEASE. CUBITAL TUNNEL RELEASE, 15

Decision rationale: The Postsurgical Treatment Guidelines identifies up to twenty visits of post-operative physical therapy over twelve weeks and post-surgical physical medicine treatment period of up to six months. In addition, the Postsurgical Treatment Guidelines identifies that the initial course of physical therapy following surgery is 1/2 the number of sessions recommended for the general course of therapy for the specified surgery. The MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnoses of status post left carpal tunnel release, ulnar nerve decompression at the wrist, left medial elbow arthrotomy with synovectomy, left cubital tunnel release with anterior submuscular transposition, partial medial epicondylectomy, and secondary repair of the left flexor pronator origin October 22, 2013 and bilateral forearm tendonitis. In addition, there is documentation of ten post-op physical therapy visits completed to date with improvement in range of motion. However, there is no documentation of the number of visits requested. The request for post-operative physical therapy for the left upper extremity is not medically necessary or appropriate.