

Case Number:	CM14-0104677		
Date Assigned:	07/30/2014	Date of Injury:	10/01/2011
Decision Date:	10/20/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/08/2014

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 Family Medicine and is licensed to practice in Arizona. . He/she as 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:

Patient is a 51 year old male with a date of injury on 10/1/2011. Diagnoses include status post left carpal tunnel release on 3/9/2014, and right carpal tunnel/cubital tunnel release on 1/16/2014. Subjective complaints are of neck pain with radiation to the right arm, and hand pain. Physical exam shows full cervical range of motion, surgical scars on right elbow wrist and left palm/wrist, full elbow range of motion, and 5/5 strength in both upper extremities. Medications include Soma, and Norco. Prior treatment has included hand physical therapy, TENS, and H-wave. Submitted records indicate the patient has had 10 prior physical therapy sessions directed to the elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

P/O PT RT Elbow x 10 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

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

Decision rationale: CA MTUS guidelines indicate that postsurgical treatment for cubital tunnel release is 20 visits over 3 months. For this patient, prior treatment of 10 visits was documented.

Submitted records do not show objective deficits in the right elbow that would require the need for additional formal therapy. Furthermore, the patient is past the 3 month sub-acute post-op phase for physical therapy. Therefore, the medical necessity for 10 sessions of elbow therapy is not established.