

Case Number:	CM14-0105680		
Date Assigned:	07/30/2014	Date of Injury:	07/01/1995
Decision Date:	08/29/2014	UR Denial Date:	06/26/2014
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 Orthopaedic 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:

This 69-year-old female sustained an industrial injury on 7/1/95, relative to a trip and fall. The 12/12/13 bilateral upper extremity electrodiagnostic study revealed findings consistent with right mild cubital tunnel syndrome and mild left ulnar motor neuropathy. The patient underwent right carpal tunnel release with tenosynovectomy of the flexor tendons, right sub muscular ulnar nerve transposition, and radial styloidectomy on 3/21/14 and twelve post-operative physical medicine treatments were authorized. The 5/15/14 hand surgeon report indicated the patient was 6 weeks post-op. The treatment plan recommended 12 additional sessions of physical therapy. The 6/26/14 utilization review modified the request for 12 additional physical therapy sessions to 8 sessions consistent with the general course of recommended post-operative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Physical Therapy twelve (12) sessions: Upheld

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

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

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines for cubital tunnel release suggest a general course of 20 post-operative visits over 3 months during the 6-month post-surgical treatment period. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. Twelve initial post-op therapy visits were authorized at the time of surgery. The 6/26/14 utilization review recommended partial certification of 8 additional post-op physical therapy visits to the recommended general course of 20 visits. There is no compelling reason submitted to support the medical necessity of care beyond guideline recommendations and the care already certified. Therefore, this request for outpatient physical therapy twelve (12) sessions is not medically necessary.