MAXIMUS Federal Services

Case Number:	CM14-0131723		
Date Assigned:	09/16/2014	Date of Injury:	10/07/2011
Decision Date:	10/17/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/18/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, 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 is the case of a 46-year-old female who sustained an injury last 10/07/2011 from an undisclosed mechanism of injury. The patient subsequently underwent a left cubittal tunnel release with submuscular transposition of the ulnar nerve on 5/10/2013. There are present clinical deficits on examination including tenderness in the region of the scar and moderately decreased sensation to light touch in the ulnar nerve distribution. She has received postoperative therapy but still complains of numbness in the ulnar nerve distribution of the left hand. Full and intact range of motion of both the elbow and the wrist is observed. Although sensation to light touch along the ulnar nerve distribution is improved, it is still decreased. No atrophy of the thenar or interossei muscles with a 5/5 strength index. Restrictions to left hand lifting and repetitive gripping due to pain sensations, numbness, and loss of use are also evident. Decreased sensation as well as decreased grip strength of the left hand is well noted. Progress report dated 6/25/2014 reveals that the patient underwent left cubittal tunnel release with submuscular transposition of the ulnar nerve. Worsening pain in the left elbow as well as numbness towards the fingers is noted as well. Progress report dated 7/21/2014 indicates no change in the index of left arm pain, as well as numbness noted in the ring and small fingers.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy Left Elbow 2 x 6 Weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99,Postsurgical Treatment Guidelines.

Decision rationale: The documentation does not establish a number of treatment sessions rendered to date. It does not establish that there have been ongoing functional gains. This claimant is one-year status post left elbow surgery and there is no documentation of independent exercises or the need for supervised additional Physical Therapy. The MTUS post-surgical treatment guidelines support up to 20 visits following cubittal tunnel release however, the guidelines also support weaning of treatment frequency and transition into independent self-care. For the reasons above, the recommendation is to be deemed as not medically necessary.