

Case Number:	CM14-0135379		
Date Assigned:	08/29/2014	Date of Injury:	02/01/2013
Decision Date:	09/24/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/22/2014

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 Orthopedic 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:

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: This 50-year-old male line cook sustained an industrial injury on 2/1/13 due to repetitive work duties. Conservative treatment included activity modification, medications, elbow braces and chiropractic treatment. The 10/31/13 electrodiagnostic testing revealed mild to moderate carpal tunnel syndrome, mild bilateral cubital tunnel syndrome, and mild ulnar entrapment at Guyon's canal. The 7/9/14 orthopedic report cited constant bilateral elbow pain with onset of right wrist pain. Bilateral elbow exam documented tenderness at the lateral and medial epicondyles, normal range of motion, no crepitus, and no swelling. Right wrist exam documented a very large ganglion cyst over the 2nd metacarpal that was 3 cm in diameter, and tenderness to palpation. The diagnosis was bilateral lateral and medial epicondylitis. The treatment plan recommended bilateral ulnar nerve releases and ganglion excision. The 7/22/14 utilization review denied the request for post-operative physical therapy as the surgical was non-certified and there is generally no support for physical therapy after a ganglion removal. The 8/8/14 treating physician report indicated the patient was approved for a Nirschl procedure. The bilateral ulnar nerve release and ganglion excision were denied. The patient wished to proceed with surgery when all procedures were authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 initial post-op physical therapy to the right hand, 3 x 4 weeks, as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 17, 18, 21.

Decision rationale: The California Post-Surgical Treatment Guidelines for lateral epicondylitis suggest a general course of 12 post-operative physical medicine visits over 12 weeks. Post-surgical treatment for ulnar nerve entrapment is 20 visits over 10 weeks. The post-surgical treatment period was defined as 6 months. Guidelines state that postsurgical physical medicine is rarely needed for ganglionectomy. An initial course of post-op treatment for these procedures is recommended for 6 to 10 visits. The current request exceeds guideline recommendations for initial care. Therefore, this request is not medically necessary.