

<b>Case Number:</b>	CM14-0151043		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	07/26/2012
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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 Spine Surgeon and is licensed to practice in Texas. 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 injured worker is a 46-year-old male who reported an injury on 07/26/2012. The mechanism of injury was not provided. The injured worker's diagnoses include cubital tunnel and carpal tunnel syndrome. The injured worker's past treatments included medications and surgery. The injured worker's diagnostic testing was not provided. The injured worker's surgical history was not provided. In the clinical note dated 08/18/2014, the injured worker complained of residual pain in the back and front of the neck and into both upper extremities, with pain on the inside aspect of each elbow, with tingling and numbness of the little and ring fingers of each hand. The injured worker rated his pain 4/10 at rest and 6/10 with activity. In the clinical note dated 06/12/2014, injured worker had ranges of motion to the elbows within normal limits. The injured worker had positive Tinel's bilaterally. The injured worker's medications included simvastatin for cholesterol, glipizide, metformin for diabetes, warfarin as a blood thinner, and losartan for elevated blood pressure. The doses and frequencies were not provided. The request was for physical therapy postoperatively 2 times 6 weeks for the left elbow and wrist. The rationale for the request was not provided. The Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-Op Physical Therapy 2 x week x 6 weeks Left Elbow and Wrist: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 15-16.

**Decision rationale:** The injured worker is diagnosed with bilateral carpal tunnel syndrome and bilateral cubital tunnel syndrome with subluxing ulnar nerves. The California MTUS Postsurgical Treatment Guidelines recommend an initial course of therapy, half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. The patient was recommended for carpal tunnel surgery and cubital tunnel surgery bilaterally. Guidelines recommend 3 to 8 visits over 3 to 5 weeks for endoscopic or open postsurgical treatment of carpal tunnel syndrome. The guidelines recommend 20 visits over 3 months for postsurgical treatment of cubital tunnel release. However, there is a lack of documentation indicating the injured worker had surgery for cubital tunnel release or carpal tunnel syndrome. As such, the request for post-op physical therapy 2 x week x 6 weeks left elbow and wrist is not medically necessary.