

Case Number:	CM14-0172121		
Date Assigned:	10/23/2014	Date of Injury:	06/12/2013
Decision Date:	12/02/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/17/2014

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 Plastic Surgery, has a subspecialty in Hand Surgery and is licensed to practice in Oregon. 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 patient underwent anterior cruciate ligament (ACL) reconstruction in 04/2012. The patient also underwent right endoscopic carpal tunnel release (ECTR) and right elbow lateral epicondylar release, debridement of common extensor origin, lateral epicondylectomy, and tendon repair and arthrotomy on 06/26/14. There had been only mild symptomatic improvement. The patient was approved for 18 postoperative therapy appointments. Additional therapy is requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: additional post-op physical therapy 3 x 4, right elbow and right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 99, Postsurgical Treatment Guidelines Page(s): 17. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome (updated 02/20/14)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Elbow and Upper Arm therapy guidelines.

Decision rationale: The MTUS guidelines allow the following: ECRB/ ECRL debridement [DWC]: Postsurgical treatment: 10 visits over 4 months *Postsurgical physical medicine treatment period: 6 months Carpal tunnel syndrome (ICD9 354.0): Postsurgical treatment (endoscopic): 3-8 visits over 3-5 weeks *Postsurgical physical medicine treatment period: 3 months The patient has already been approved for 18 therapy sessions. Additional sessions are not warranted based on the MTUS guidelines. In addition, the patient is beyond the four month therapy window. The request is not medically necessary.