

Case Number:	CM14-0179858		
Date Assigned:	11/04/2014	Date of Injury:	10/12/2006
Decision Date:	12/12/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/29/2014

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 57-year-old female claimant with an industrial injury dated 10/12/06. Exam note 09/25/14 states the patient returns with persistent pain in the bilateral upper extremities. The patient explains that the left is worse than the right and there is constant tingling. The numbness and tingling are noted to localize into the ring and small fingers. Current medications include Vicodin, Soma, and Zantac. Upon physical exam the patient has decreased sensation to light touch bilateral dorsal radial hands and bilateral ring and small fingers. The patient does not have any significant atrophy. Finger abduction strength is noted as 5/5. The patient completed a positive Tinel's right ulnar nerve at the elbow, and a positive bilateral elbow flexion test with worsening numbness and tingling into the ulnar nerve distribution. There was evidence of tenderness on the right median nerve distribution into the proximal palm more than the left. Diagnosis is noted as bilateral cubital tunnel syndrome, recurrent bilateral carpal tunnel syndrome, and fibromyalgia. Treatment includes left ulnar nerve decompression at the elbow and revision of the left carpal tunnel release with possible hypothenar flap transfer.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative Physical Therapy of the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: CA MTUS/Post surgical treatment guidelines, page 18, recommend 20 visits of therapy postoperatively following ulnar nerve release during cubital tunnel surgery. Initially the number of visits is recommended. In this case there is an unspecified amount of therapy visits requested postoperatively. Therefore, the request for Post-Operative Physical Therapy is not medically necessary.