

Case Number:	CM14-0032536		
Date Assigned:	04/11/2014	Date of Injury:	11/15/2006
Decision Date:	07/15/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/10/2014

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 patient is a 42-year-old with an industrial injury reported on November 15, 2006. Exam note from April 1, 2014 demonstrates report of bilateral elbow pain, bilateral wrist/hand pain with numbness and paresthasias in the right ulnar forearm and ulnar hand. Agreed medical examination from February 24, 2014 demonstrates no evidence of tenderness at the right medical epicondyle. Negative Tinel's at the elbow on the right. Report of no electrodiagnostic evidence of right cubital tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST-OPERATIVE PHYSICAL THERAPY FOR THE RIGHT ELBOW, TWICE WEEKLY FOR SIX WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

Decision rationale: A concurrent right elbow surgical procedure has been requested and determined to be not medically necessary. As the primary surgery is not deemed medically necessary, the related services are also not medically necessary. Therefore, the request for post-

operative physical therapy for the right elbow, twice weekly for six weeks, is not medically necessary or appropriate.