

<b>Case Number:</b>	CM14-0036848		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	11/26/2012
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	03/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2014

### 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:

This is a 44-year-old female with a 11/26/12 date of injury. While performing usual and customary duties at work, a customer had knocked over a metal hanger rack. She went to pick it up, but it was too heavy. Her supervisor came, and they were able to right the fallen rack. The next day she had numbness and pain in her left hand and left elbow. According to a progress note dated 2/25/14, the patient was making good progress with her cubital tunnel. She remains weak, however, after 8 physical therapy sessions. Objective findings: healed cubital tunnel incision, normal sensation but moderate weakness in her left hand with grip and grasp. Diagnostic impression: status post left cubital tunnel decompression and anterior submuscular transposition, ulnar nerve. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 3/19/14 modified the request for PT 3 x 4 of the left elbow to PT 2 x 3. The claimant has had 8 sessions. It is documented that the patient has full elbow ROM, with 4/5 strength. As such, she has nearly regained normal function of the elbow. Six additional physical therapy sessions are reasonable for strengthening.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional 12 sessions of physical therapy for the left elbow (3x4): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** The postsurgical treatment guidelines apply to visits during the postsurgical physical medicine period only and to surgeries as defined in these guidelines. At the conclusion of the postsurgical physical medicine period, treatment reverts back to the applicable 24-visit limitation for chiropractic, occupational and physical therapy. This patient had a cubital tunnel release decompression procedure performed on 12/2/13. CA MTUS guidelines support 20 physical therapy visits over 3 months for postsurgical treatment for cubital tunnel release. According to a progress note dated 2/25/14, the provider stated that the patient is making good progress with her cubital tunnel after 8 physical therapy sessions. However, a UR decision dated 12/9/13 authorized a total of 12 physical therapy sessions. There are still 4 remaining physical therapy sessions remaining. It is unclear why the provider is requesting more sessions at this time. In addition, 12 additional physical therapy sessions along with the already approved 12 physical therapy sessions would exceed guideline recommendations of a total of 20 sessions. A previous UR decision dated 3/19/14 approved 6 additional physical therapy sessions. Therefore, the request for Additional 12 sessions of physical therapy for the left elbow (3x4) was not medically necessary.