

Case Number:	CM14-0040932		
Date Assigned:	06/30/2014	Date of Injury:	01/22/2010
Decision Date:	08/05/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/08/2014

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 Physical Medicine and Rehabilitation 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 injured worker is a 55-year-old female with a reported date of injury of 01/22/2010. The injury reportedly occurred when the injured worker lifted trays and as they fell to the floor she overextended her arms, pulling her back. Her previous treatments were noted to include surgery, physical therapy, and medications. Her diagnoses were noted to include status post revision right cubital tunnel release with submuscular transposition of the ulnar nerve and secondary repair of the flexion pronator origin, status post right lateral epicondyle repair, right forearm tendinitis, trapezius, paracervical, and parascapular strain, and right ulnar nerve compression at the wrist. The physical therapy note dated 01/24/2014 revealed motor strength to the right wrist was noted to be 4/5. The physical therapy examination also revealed the elbow active range of motion right bilaterally was within normal limits. The progress note dated 03/26/2014 reported motor strength of the right elbow and right wrist was rated 4/5. The progress note also reported the active wrist no longer gave dorsal wrist pain and cubital tunnel pain. The physical therapy note revealed decreased strength, increased pain, decreased activities of daily living, and an impaired ability to perform work duties. The progress report dated 05/27/2014 reported the injured worker complained of severe pain to the right neck and shoulder, which radiated down the arms. The physical examination revealed a slight to moderate trapezial and neural scapular tenderness on the right, as well as slight lateral epicondylar tenderness on the right. There was a slight tenderness over the cubital tunnel on the right noted, and the Tinel's sign and double flexion tests were negative at the cubital tunnels. Her grip strength was noted to be diminished. The Request for Authorization form dated 06/06/2014 is for physical therapy 2 times 6, equaling 12 visits, for stretching, modalities, and postural strengthening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Post-operative physical therapy to the right wrist two (2) times weekly for six (6) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The injured worker had a cubital tunnel release performed on 10/15/2013. The MTUS Postsurgical Guidelines state in regards to cubital tunnel release, postsurgical physical therapy treatments are recommended for 20 visits over 3 months and the postsurgical physical medicine treatment period is 6 months. There is a lack of documentation regarding surgery to the right wrist to warrant postoperative physical therapy. The injured worker had a cubital tunnel release to the elbow in 10/2013 and received physical therapy, however there is a lack of documentation regarding number of previous visits. There is also a lack of documentation regarding current measurable objective functional deficits and quantifiable objective functional improvements with previous therapy performed. Therefore, due to the lack of documentation regarding to the number of previous therapy visits, currently measurable objective functional deficits, and quantifiable objective functional improvements with previous physical therapy, additional postoperative physical therapy is not warranted at this time. As such, the request is not medically necessary and appropriate.