

Case Number:	CM14-0066936		
Date Assigned:	07/11/2014	Date of Injury:	01/26/2012
Decision Date:	08/21/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/12/2014

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 Texas. 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 22-year-old female who reported injury on 01/26/2012. The mechanism of injury was the injured worker was picking up a box. The injured worker was noted to undergo a right elbow ulnar nerve release, neuroplasty and medial epicondylectomy on 11/18/2013. The documentation indicated the injured worker attended at least 21 sessions of postoperative therapy. The documentation of 03/26/2014 revealed the injured worker had minimal pain in the right elbow. Objective findings revealed the injured worker had a soft supple scar in the medial elbow. The injured worker had full range of motion and was non-tender in the medial epicondyle. The diagnoses were mononeuritis of upper limb and mononeuritis multiplex lesion of nerve. The treatment plan included physical therapy 2 times 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of physical therapy for the right elbow: 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: The California MTUS Postsurgical Treatment Guidelines indicate the postsurgical treatment for cubital tunnel release is 20 visits over 3 months. The clinical

documentation submitted for review indicated the injured worker had participated in at least 21 sessions of physical therapy. There was a lack of documentation of objective functional deficits to support the necessity for ongoing therapy. Given the above, the request for 8 sessions of physical therapy for the right elbow is not medically necessary.