

Case Number:	CM14-0073891		
Date Assigned:	07/16/2014	Date of Injury:	02/25/2013
Decision Date:	10/02/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/21/2014

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 Mississippi. 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 records presented for review indicate that this 36 year-old individual was reportedly injured on 2/25/2013. The mechanism of injury is not listed. The most recent progress note, dated 3/24/2014. Indicates that there are ongoing complaints of right elbow and right wrist pain postoperatively. The physical examination demonstrated right elbow and right wrist: surgical incisions revealed no signs of infection. Some swelling was noted in the fingers of the right hand with decreased grip strength. No recent diagnostic studies are available for review. Previous treatment includes right carpal tunnel and cubital tunnel release, medication, and conservative treatment. A request had been made for physical therapy one time a week for 18 weeks right elbow and wrist and was not certified in the pre-authorization process on 6/7/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Op Physical Therapy 1x week x 18 weeks Right Elbow and Right Wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Postsurgical treatment guidelines recommend 3-8 visits of physical therapy over 3-5 weeks after carpal tunnel release, and 20 visits over 3 months after cubital tunnel release. After reviewing the medical records and postsurgical treatment guidelines the request

from the treating physician does not meet guideline recommendations. Therefore the request is not medically necessary.