

Case Number:	CM14-0080170		
Date Assigned:	07/18/2014	Date of Injury:	08/16/2012
Decision Date:	08/25/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/30/2014

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, has a subspecialty in Interventional Spine 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 43-year-old male with a date of injury of 08/16/2012. The listed diagnoses per [REDACTED] are: 1. Status post right lateral extensor origin repair. 2. Status post right carpal tunnel release. 3. Mild left carpal tunnel syndrome. 4. Mild right cubital tunnel syndrome. 5. Rotator cuff tendinitis. 6. Loose bodies of right olecranon bursa with pain. According to progress report 04/24/2014, the patient is status post right lateral epicondylectomy, lateral elbow arthrotomy and synovectomy and right carpal tunnel release and ulnar nerve compression on 01/29/2014. Treater states the patient is 3 months postop and improving with pain in his right elbow as well as improving sensation in his right hand. Examination revealed well-healed wound and "nearly full range of motion of his wrist and elbow." There is slight tenderness over the olecranon bursa with several small nodules. Right hand sensation was improved. Treater would like the patient to continue with his therapy focusing on range of motion and stretching. The request is for physical therapy 2 times a week for 6 weeks. Utilization Review denied the request on 05/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy Sessions for right upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on the MTUS Chronic Pain Medical Treatment Guidelines and on the MTUS Post Surgical Treatment Guidelines Elbow & Upper Arm Arthropathy, pages 15-17.

Decision rationale: This patient is status post right lateral extensor repair and right carpal tunnel release and cubital tunnel release on 01/29/2014. The treater would like the patient to continue therapy 2 times a week for 6 weeks focusing on range of motion and strengthening. Utilization Review denied the request stating there is no clear rationale provided to support exceeding the recommended 12 postop therapy. The MTUS guideline recommends for surgery of the elbow, 20 post operative physical therapy treatments. Physical therapy progress reports indicate the patient has received 23 postoperative physical therapy sessions. The treater's request for additional 12 sessions exceeds what is recommended by MTUS and the patient should now transition into a home exercise program. Recommendation is for denial.