

Case Number:	CM14-0085317		
Date Assigned:	07/23/2014	Date of Injury:	07/20/2012
Decision Date:	09/30/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/06/2014

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 Occupational Medicine 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 request for independent medical review was signed on May 23, 2014. The request was for physical therapy once a week for eight weeks for the left elbow and wrist. Per the records provided, as of May 2, 2014, the left elbow pain level was seven out of 10 in the left wrist pain was seven out of 10. On examination, there was restricted range of motion with palpable tenderness. There was a positive Phalen sign. The assessment body part though was not documented. The patient was diagnosed with rule out herniated nucleus pulposus of the cervical spine, radiculopathy, derangement of both hands and carpal tunnel syndrome. The modalities would include traction and electrical stimulation. The mechanism of injury is not documented. The current medicines are not documented. The patient is status post a left carpal tunnel release and injection of the cervical for regional anesthesia on March 19, 2014. The patient was also status post a left cubital tunnel release and injection of the surgical for regional anesthesia on March 19, 2014. There were no postoperative diagnostic and imaging studies submitted. The patient has had four chiropractic visits and 15 physical therapy visits. This therapy is for continued postoperative care. The recommendation was to certify the request for eight sessions of therapy for the wrist. The provider for the peer to peer call is acting as the primary treating physician and was requesting eight physical therapy treatments of postoperative therapy to be performed by the physical therapist. He was unaware that the claimant's surgeon had already also requested therapy for the elbow. Physical therapy one times a week for eight weeks to the left elbow and wrist was modified to approve eight sessions of therapy for the wrist only.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 1xWk x 8Wks Left Elbow: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 17.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Postsurgical Treatment Guidelines, Elbow guides, Cubital Tunnel Release, page 17. The Expert Reviewer's decision rationale: The MTUS elbow guidelines note: "Cubital tunnel release [DWC]: Postsurgical treatment: 20 visits over 3 months *Postsurgical physical medicine treatment period: 6 months." However, it appears through the peer to peer it was discussed that the surgeon had also requested therapy to the elbow, so this request would be redundant and unnecessary. The request was appropriately not medically necessary.