

Case Number:	CM14-0002438		
Date Assigned:	03/03/2014	Date of Injury:	05/26/2009
Decision Date:	02/20/2015	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	01/07/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 57-year-old female who reported an injury on 05/26/2009. The mechanism of injury reportedly occurred when a tray fell on her right upper extremity. The patient had history of cubital tunnel syndrome. The patient underwent right cubital tunnel release on 10/01/2013. There are no clinical notes provided for review. According to review documentation, the patient was seen on 11/07/2013, and complained of shoulder, wrist and neck pain. The shoulder pain was exacerbated by moving during therapy. Wrist and lumbar pain had improved since last visit. The patient received 24 postoperative PT visits. The Request for Authorization and rationale were not provided within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Continued post-op physical therapy sessions 3x4 weeks for the right upper extremity:

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): 16.

Decision rationale: The request for 12 continued post-op physical therapy sessions 3X4 weeks for the right upper extremity is not supported. The California Postsurgical Treatment Guidelines recommend up to 20 sessions of postoperative PT for cubital tunnel release. The patient had received 24 visits postop. There is no medical documentation of exceptional findings that would warrant additional therapy. There is no rationale for why the patient had not transitioned to a self directed home exercise program. There is lack of documentation of functional deficits remaining. As such, the request is not medically necessary.