MAXIMUS Federal Services

Case Number:	CM14-0197545		
Date Assigned:	12/05/2014	Date of Injury:	05/31/2013
Decision Date:	02/02/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/24/2014

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 Minnesota. 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 56-year-old female injured on 5/31/2013. Per exam notes dated 4/23/2014 she was having subjective complaints of pain and numbness in the right upper extremity associated with neck pain and right shoulder pain. X-rays of the cervical spine revealed degenerative changes from C5-C7. Her diagnosis was right cubital tunnel syndrome and right shoulder tendinitis. On 5/22/2014 she underwent right elbow medial epicondylectomy and ulnar nerve transposition. Postoperative notes dated May 28, 2014 indicate that she was doing markedly better and reported 60% improvement in her sensation in the right ulnar nerve distribution. The plan was postoperative physical therapy for the right elbow with no pronation or flexion resisted exercises. The postoperative physical therapy included 18 visits that were authorized. The current request pertains to additional physical therapy 3 x 6 for the right elbow She complains of right elbow pain with burning near the scar. The active range of motion is 0-140 degrees and passive motion range of motion is 0-145 degrees. The documentation submitted also indicates chronic issues with low back pain and degenerative disc disease of the lumbosacral spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 Times A Week for 6 Weeks: 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 documentation submitted indicates a cubital tunnel release and medial epicondylectomy performed on 5/22/2014. Postoperatively she attended 18 physical therapy visits and 2 physical therapy with acupuncture visits. The postsurgical treatment guidelines indicate 20 visits over 10 weeks for ulnar nerve entrapment/cubital tunnel syndrome. The postsurgical physical medicine treatment period is 6 months. The guidelines recommend an initial course of therapy of one half of these visits which is 10. With documentation of objective functional improvement, a subsequent course of therapy may be prescribed consisting of 10 visits within the above parameters. The documentation indicates that she has completed 20 visits. There is no documentation of continuing objective functional improvement. There is no reason why she cannot transition to a home exercise program and continue the strengthening and stretching. Based upon the above, the request for the additional physical therapy 3 times a week for 6 weeks is not supported by guidelines and as such, the medical necessity is not established.