

Case Number:	CM14-0198812		
Date Assigned:	12/09/2014	Date of Injury:	07/18/2014
Decision Date:	02/04/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	11/26/2014

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 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:

This 25-year old female claimant with an industrial injury dated 07/18/14. Exam note 10/31/14 states the patient returns with right elbow sensitivity. A right ulnar nerve Tinel at 5cm distal to cubital tunnel is noted. The patient is status post a right ulnar nerve repair. Exam note 12/08/14 states the patient returns with hand pain. The patient explains experiencing decreased sensation and pain in the right hand/wrist. The patient rates the pain 3-5/10. She reports having limited use of the right hand and tingling. Conservative treatments have included a splint and rest. Upon physical exam the patient experienced pain with increased PROM, and with stretching of the hand. Treatment includes continuing with nerve glides at home to increase mobility and performance of daily activities, and additional 24 visits of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Post-Op PT 2 x 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 22.

Decision rationale: CA MTUS/Postsurgical treatment guidelines, page 21, Nerve repair, elbow recommends 20 visits of 6 weeks. In this case the request exceeds the maximum allowable

visits. There is insufficient evidence from the exam note of 10/31/14 to support exceeding the visits recommended. Therefore the Additional Post-Op PT 2 x 12 is not medically necessary.