

Case Number:	CM14-0199563		
Date Assigned:	12/10/2014	Date of Injury:	01/23/2008
Decision Date:	02/04/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/01/2014

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:

65-year-old male claimant with an industrial injury dated 01/23/08. The patient is status post a left ulnar nerve release as of 09/09/14. Current medications include Cozsar, Cymbalta, and Percocet for pain relief. The patient has completed physical therapy sessions in which did result in some improvement in range of motion and numbness in the left elbow. Exam note 11/06/14 states the patient returns with left elbow pain. The patient rates the pain a 9/10. Upon physical exam the patient had tenderness present along with edema and tightness around the left elbow. It is noted that the girth measurement for the left elbow is measured at 23.5 and the right is 22.5. Range of motion exam of the left elbow is noted as a flexion of 147' and an extension of 10'. Muscle strength is noted as 4+/5 for the left elbow. Treatment includes 12 additional post-op physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for Left Elbow, QTY: 6 Sessions: 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: CA MTUS/Postsurgical treatment guidelines, Elbow and Upper Arm, Cubital tunnel release, page 16 recommends 20 postoperative visits over a 3 month period. It recommends initially of the 20 therapy sessions initially. As the request exceeds the 10 visits initially authorized, the determination is for non-certification.