

Case Number:	CM14-0208776		
Date Assigned:	12/22/2014	Date of Injury:	09/11/2012
Decision Date:	02/13/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/12/2014

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:

MTUS Postsurgical Treatment Guidelines identifies up to 8 visits of post-operative physical therapy over 5 weeks and post-surgical physical medicine treatment period of up to 3 months. In addition, MTUS postsurgical treatment Guidelines identifies that the initial course of physical therapy following surgery is 1/2 the number of sessions recommended for the general course of therapy for the specified surgery. Within the medical information available for review, there is documentation of a diagnosis of left carpal tunnel syndrome. In addition, there is documentation of a left endoscopic carpal tunnel release with left distal forearm fascia release on 11/3/14. However, the requested Post-op physical therapy for left hand/wrist; two (2) to three (3) times per week for six (6) weeks exceeds guidelines (for an initial trial). Therefore, based on guidelines and a review of the evidence, the request for Post-op physical therapy for left hand/wrist; two (2) to three (3) times per week for six (6) weeks is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left elbow cubital tunnel release, lateral epicondylectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 44-46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tenosynovitis Page(s): 14. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG) Ankle & Foot, PT (Physical Therapy) Other Medical Treatment Guideline or Medical Evidence: Â§ 9792.24. 3. Postsurgical Treatment Guidelines; and Title 8, California Code of Regulations, section 9792.20.

Decision rationale: MTUS Postsurgical Treatment Guidelines identifies up to 8 visits of post-operative physical therapy over 3 months and post-surgical physical medicine treatment period of up to 6 months. In addition, MTUS Postsurgical Treatment Guidelines identifies that the initial course of physical therapy following surgery is 1/2 the number of sessions recommended for the general course of therapy for the specified surgery. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG states that when treatment requests exceed guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of a diagnosis of status post right ankle open reduction internal fixation with subsequent hardware removal, arthroscopic debridement. In addition, there is documentation of status post right ankle arthroscopy with extensive synovectomy and exostectomy on 8/8/14 and 11 of 18 physical therapy sessions, which exceeds guidelines. However, there is no documentation of a statement of exceptional factors to justify going outside of guideline parameters. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with physical therapy sessions completed to date. Therefore, based on guidelines and a review of the evidence, the request for additional post-op physical therapy for the right ankle/foot, 3 times a week for 6 weeks (18 sessions) is not medically necessary.