MAXIMUS Federal Services

Case Number:	CM14-0218763		
Date Assigned:	01/08/2015	Date of Injury:	11/17/2012
Decision Date:	04/03/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/30/2014

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: Physical Medicine & Rehabilitation

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 47 year old male, who sustained an industrial injury on 11/7/12. The progress report dated 1/16/15 noted first postop evaluation subsequent to the right elbow surgery and that the injured worker already feels an improvement in regard to pronation and supination and no longer has crepitus. He states his left ring/small finger has numbness that radiates to elbow; this is not significantly different as compared to preoperative status. Injured worker reports constant throbbing/sore pain on lateral elbow. There was anticipated postoperative swelling of the elbow, no elbow effusion and there is mild generalized tenderness present in the region of the surgery. The diagnoses have included trauma arthropathy arm left and lesion of ulnar nerve left. The treatment plan was to begin physical therapy. According to the utilization review performed on 12/10/14, the requested post operative physical therapy two times a week for six weeks for the left elbow has been non-certified. The utilization review noted that "until the concurrent surgery can be identified as being approved, need for postop physical therapy is not indicated,"

IMR ISSUES, DECISIONS AND RATIONALES

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

post operative physical therapy two times a week for six weeks for the left elbow:
Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-17.

Decision rationale: This patient presents with cubital tunnel syndrome. The request is for POST OPERATIVE PHYSICAL THEARPY TWO TIMES A WEEK FOR SIX WEEKS FOR THE LEFT ELBOW. MTUS post-surgical guidelines pages 15-17, Elbow & Upper Arm recommends: Cubital tunnel release [DWC]: Postsurgical treatment: 20 visits over 3 months. Postsurgical physical medicine treatment period: 6 months. On 12/2/14, the treating physician requested an ulnar transposition contracture release and post operative physical therapy x12. The Utilization review dated 12/10/14 denied the request stating that "it is unknown if the requested surgery has been approved." Review of the medical file indicates that the patient underwent left elbow surgery on 12/29/14. Post operative physical therapy is indicated. The requested 12 sessions ARE medically necessary.