

<b>Case Number:</b>	CM15-0001944		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	12/16/2011
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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: Orthopedic Surgery, Sports Medicine

### 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 44-year-old male who reported an injury on 12/16/2011. The mechanism of injury was not specifically stated. The current diagnoses include right medial epicondylitis, right cubital tunnel syndrome and right carpal tunnel syndrome. The injured worker was evaluated on 06/24/2014. It was noted that the injured worker was status post right ulnar nerve decompression on 05/12/2014. The injured worker had been cleared to begin a course of physical therapy. The physical examination was within normal limits. Recommendations included physical therapy twice per week for 6 weeks for the right elbow. There was no request for authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-Operative Physical Therapy times 12, Right Elbow:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): Page 10 and 18.

**Decision rationale:** The California MTUS Guidelines state the initial course of therapy means one half of the number of visits specified in the general course of therapy for this specific surgery and the postsurgical physical medicine treatment recommendations. Postsurgical treatment for cubital tunnel syndrome or ulnar nerve entrapment includes 20 visits over 10 weeks. The current request for an initial 12 sessions of postoperative physical therapy exceeds guideline recommendations. As such, the request is not medically appropriate. It is also noted that there was no physical examination of the right elbow provided on the requesting date. Therefore, the medical necessity has not been established in this case. Given the above, the request is not medically appropriate at this time.