

<b>Case Number:</b>	CM15-0101374		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	10/08/2008
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	05/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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: Physical Medicine & Rehabilitation, Pain Management

### 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 (age unlisted) female with an industrial injury dated 10/08/2008. Her diagnosis is right cubital tunnel syndrome. Prior treatment included physical therapy, elbow splints, cortisone injections and surgery. Progress note dated 01/05/2015 noted the injured worker had a five to six year history of progressive right elbow pain and paresthesia in the ulnar nerve distribution and a one year history or progressive pain in the base of the right thumb. The provider documented electro diagnostic studies from 2009 confirming bilateral cubital tunnel syndrome. In the 02/02/2015 the provider documented MRI revealed no structural damage at the medial epicondyle. The formal reports are not in the submitted records. She presented on 03/03/2015 post sub muscular ulnar nerve transposition. The incision was well healed without evidence of infection. She was to continue with her anti-inflammatories and home exercise program along with sugar tong splint. In progress note dated 04/16/2015 the provider notes the injured worker has full active and passive range of motion with a well healed incision. She continued to have pain and the provider recommended to continue with her therapy and home exercise program. The treatment request is for four hand therapy sessions for right cubital tunnel.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Four (4) Hand Therapy Sessions for Right Cubital Tunnel:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 16.

**Decision rationale:** Regarding the request for hand therapy, CA MTUS supports up to 20 sessions after surgery, with half that amount recommended initially. Within the documentation available for review, there is documentation of at least 20 prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS. In light of the above issues, the currently requested hand therapy is not medically necessary.