

<b>Case Number:</b>	CM15-0164916		
<b>Date Assigned:</b>	09/02/2015	<b>Date of Injury:</b>	04/28/2014
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	07/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2015

### 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: Massachusetts

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 a 38 year old female who sustained an industrial injury on April 28, 2014. A physical therapy session note dated May 21, 2015 reported subjective complaint of with decreasing pain and hypersensitivity to elbow. She is still significantly limited in the functional use of her arm. A physical therapy note dated May 15, 2015 reported the worker has significant pain and decreased range of motion and strength greatly limiting her in utilizing her left upper extremity in normal daily activity. Back at a therapy visit dated June 04, 2014 reported current subjective complaint of moderate to severe left elbow forearm and wrist pain, tingling, and numbness resulting in limited function with daily activities. A physical therapy session note dated June 05, 2015 reported subjective complaint of significant pain and decreased range of motion and strength greatly limiting her in utilizing the left upper extremity in normal daily activity. A primary treating office visit dated May 26, 2015 reported subjective complaint of pain and limited mobility in her left elbow; she states therapy has been of help. Objective assessment found: wound well healed, benign; there is noted slight tenderness over the medial aspect of the left elbow. There is note of an 80 degree flexion contracture at the left elbow. She is diagnosed with the following: status post cubital tunnel release with anterior submuscular transposition of the ulnar nerve and medial epicondylar repair; left elbow contracture; left carpal tunnel syndrome, and left forearm tendinitis. The plan of care is with recommendation for aggressive occupational therapy session working on range of motion, static progressive splinting, modalities and strengthening. She should also be given an anti-inflammatory agent. She was dispensed: Voltaren and remain temporarily totally disabled.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **12 post-operative occupational therapy visits for the left upper arm/elbow: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow, Physical therapy.

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

**Decision rationale:** The claimant sustained a work injury in April 2014 and underwent a left cubital tunnel release on 05/11/15 with medial epicondyle repair. She was treated with a long arm cast for two weeks. She was evaluated for postoperative physical therapy on 05/15/15. As of 07/14/15 she had completed 20 postoperative treatment sessions. She was making slow progress. There had been increased strength with increased functional use of her arm. Increased compliance with a home exercise program was being recommended. When seen, physical examination findings included mild medial elbow tenderness. Range of motion was limited and was from 50 to 160 degrees and she had pain with elbow extension. A DynaSplint had been requested. Continued use of anti-inflammatory medication and additional therapy was requested. After the surgery performed, guidelines recommend up to 20 visits over 10 weeks with a physical medicine treatment period of 6 months. The claimant has already had post-operative physical therapy but has significant residual elbow impairment. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. In this case, the number of additional visits requested is in excess of that recommended or what might be needed to finalize the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. Her surgery was uncomplicated and a daily exercise program with prolonged stretch and local application of heat would best meet her needs. The request for this number of additional therapy sessions is not medically necessary.