

<b>Case Number:</b>	CM15-0169319		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	05/22/2014
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	08/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 36 year old male, who sustained an industrial injury on 5-22-2014. The medical records submitted for this review did not include the documentation regarding the initial injury. Diagnoses include left elbow medial epicondylitis and ulnar nerve impingement, status post ulnar nerve release-medial epicondylectomy surgery 2-5-15. The documented treatments to date include activity modification and post-operative physical therapy. Currently, he complained of slight discomfort in the left elbow with resolution of numbness in the left hand post surgery. On 7-22-15, the physical examination documented no acute physical findings. The plan of care included home exercise. The appeal requested authorization of eight additional physical therapy sessions for the left elbow, twice a week for four weeks. The utilization Review dated 8-4-15, denied the request based on the documentation did not support the medical necessity per California MTUS Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy visits 2 times a week for 4 weeks for the left elbow:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Elbow & Upper Arm.

**Decision rationale:** Physical therapy visits 2 times a week for 4 weeks for the left elbow is not medically necessary per the MTUS Guidelines. The MTUS recommends up to 20 visits over 3 months for the cubital tunnel release surgery. The patient has had 30 visits per the submitted documentation. There are no extenuating factors which would necessitate 8 more supervised therapy sessions. The patient should be versed in a home exercise program therefore this request is not medically necessary.