

Case Number:	CM15-0183793		
Date Assigned:	09/24/2015	Date of Injury:	12/29/2012
Decision Date:	11/06/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/18/2015

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

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 23 year old female, who sustained an industrial injury on 12-29-12. The injured worker was diagnosed as having lateral epicondylitis-medial epicondylitis; left elbow cubital tunnel syndrome. Treatment to date has included status post left endoscopic carpal tunnel release and left elbow endoscopic cubital tunnel release (8-6-15); physical therapy; steroid injections; medications. Currently, the PR-2 notes dated 8-5-15 indicated the injured worker was in the office on this date for a follow-up of her left upper extremity. The provider documents "The patient has a long history of medial and lateral epicondylitis. She has failed nonoperative treatment. We requested surgery for her chronic medial and lateral epicondylitis. This was denied by the worker's compensation carrier pending another round of physical therapy. The patient has just recently completed another round of physical therapy for her elbow. The patient states that therapy has really not been effective. She continues to complain of significant pain in the elbow. The pain is both medially and laterally. She has some low-grade pain at rest, but it increases to a least a 7 out of 10 with activity. She has pain with lifting, gripping, squeezing, etc. The patient is also status post carpal tunnel release for carpal tunnel syndrome and a cubital tunnel release for cubital tunnel syndrome. She is doing very well with that and has really no complaints of numbness and tingling." The provider documents a physical examination and notes: "Elbows, The patient has full range of motion of the elbows bilaterally as follows: Range of motion for left and right are equal for extension '0'. Flexion 140, supination 80 and pronation 80. Her cubital tunnel incision is well healed. There is a mildly positive Tinel's sign. There is fairly exquisite tenderness over the medial epicondyle and lateral

epicondyle of the left elbow and there is significant pain with resisted wrist flexion and extension. There is no evidence of radial tunnel syndrome or pronator syndrome. There is no evidence of elbow instability. Hands and wrists: The patient's carpal tunnel incision is well healed. She has full range of motion of the wrists as follows: (Equal on both left and right) extension 60, flexion 60, radial deviation 20 and ulnar deviation 30. There is no thenar or hypothenar atrophy. There is no clawing. There is no swelling. There is minimal tenderness. There is no triggering or locking. Sensation is intact." A Request for Authorization is dated 9-12-15. A Utilization Review letter is dated 8-26-15 and modified the certification for Post-operative physical therapy 2 times a week for 6 weeks (12 visits) left elbow to allow post-operative physical therapy at 2x week for 3 weeks for the left elbow (6 visits). Utilization Review modified the requested treatment using the CA MTUS Guidelines. A request for authorization has been received for post-operative physical therapy 2 times a week for 6 weeks left elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy 2 times a week for 6 weeks left elbow: Overturned

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007, and Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Carpal Tunnel Syndrome.

Decision rationale: The current request is for post-operative physical therapy 2 times a week for 6 weeks left elbow. The RFA is dated 08/19/15. Treatment to date has included status post left endoscopic carpal tunnel release and left elbow endoscopic cubital tunnel release (8-6-15); physical therapy; steroid injections; and medications. The patient is not working. MTUS Postsurgical Treatment Guidelines 2009 for Carpal Tunnel Syndrome, page 15 allows for 3-8 sessions over 3-5 weeks, Regarding post-surgical Ulnar Nerve/Cubital Tunnel Release therapy treatments, MTUS guidelines pages 15-17 recommend 20 visits over 3 months with time frame for treatment of 6 months. Per report 08/18/15, the patient is status post carpal tunnel release and a cubital tunnel release on 08/06/15. She is doing very well and has no complaints of numbness and tingling. Physical examination full range of motion of the elbows bilaterally, well healed cubital tunnel incision, mildly positive Tinel's sign, and exquisite tenderness over the medial epicondyle and lateral epicondyle of the left elbow and significant pain with resisted wrist flexion and extension. The treater recommended the patient to start physical therapy. This patient may benefit from a course of post-operative PT and the request for 12 sessions following a cubital tunnel release is within guideline limits. Therefore, the request is medically necessary.