

Case Number:	CM15-0194235		
Date Assigned:	10/08/2015	Date of Injury:	12/26/2014
Decision Date:	11/20/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	10/02/2015

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: Minnesota, Florida

Certification(s)/Specialty: Orthopedic Surgery

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 sustained an industrial injury on 11-1-10. The injured worker was diagnosed as having cubital tunnel syndrome. Treatment to date has included physical therapy and modalities; acupuncture; elbow-arm splint; medications. Diagnostics studies included EMG-NCV study left upper extremity (4-14-15). Currently, the PR-2 notes dated 8-6-15 is titled "Primary Treating Physician's Initial Orthopedic Evaluation Report." The provider indicated the injured worker has had treatment for pain in his left elbow, left hand and fingers. He reports the injured worker has received "about 5 to 6 sessions of therapy consisted of paraffin wax treatments, massages, electrical stimulation, and exercise. However, therapy did not help." The injured worker then has an EMG-NCV study on 4-14-15. The EMG-NCV left upper extremity was done on 4-14-15 and reported: "1) Left ulnar neuropathy across elbow. Slowing of the left ulnar motor nerve across the elbow. 2) Moderate left median neuropathy at the wrist (carpal tunnel syndrome) affecting sensory and motor components. 3) There is no electromyographic evidence of denervation potentials in the left upper extremity muscles tested today. Of not, EMG does not evaluate small sensory pain fibers. Lack of denervation does not exclude radiculopathy or neuritis." The provider recommended surgery to his left elbow but no surgery has been performed. He did received 6 sessions of acupuncture, which provided minimal relief. Another provider placed him in a half cast but did not provide his with a sling. He has taken personal days off due to his persistent symptoms. No MRI scans have been completed. He recently has a flare-up and went to a hospital to seek treatment. They offered left elbow injections, but he was not interested in that treatment. This provider now documents "The patient experienced intermittent pain that varies in degrees left

elbow. He rated his pain from 4-8 out of 10." The pain is described as throbbing, burning lasting a few minutes, and relates it to "an open- ended wire that sends electricity to his hand." He also indicates movements with the feeling of a stabbing sensation long with pins and needles. The pain is aggravated by driving over a bump, rolling onto his side when sleeping, certain movements and activities. He sits watching television with his arm propped up on a pillow to relax it. His left wrist experiences intermittent pain also. He rates his pain from "4-8 out of 10." He describes the same pain sensation and pain feelings at his elbow. He reports he is currently experiencing difficulty performing light housework, making a meal, running errands, shopping, turning on and off facets, typing, using the phone, writing a note, putting on or taking off shoes, exercising, dressing and undressing. He also experiences sleep disturbance, anxiety, depression and social withdraw. He has had no surgical intervention. The provider reviewed X-rays that report "no acute abnormalities." An MRI (no date) of the left elbow the provider documents "1) Left elbow ulnar neuritis with ulnar nerve subluxation and weakness with intrinsic muscles. 2) Left wrist carpal tunnel syndrome dating back to 2010 and the patient had this treated on his private insurance with bracing and anti-inflammatories. The patient remained mildly symptomatic with this issue at the time of 12-26-14 date of injury." The provider's treatment plan includes a surgical consult recommendation. He also requests physical therapy. A Request for Authorization is dated 10-2-15. A Utilization Review letter is dated 9-4- 15 and modified the certification for post-operative physical therapy for the left elbow, quantity: 12 sessions to a quantity of 10 sessions only. A request for authorization has been received for Post-operative physical therapy for the left elbow, quantity: 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy for the left elbow, quantity: 12 sessions: Upheld

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

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

Decision rationale: California MTUS postsurgical treatment guidelines indicate 20 visits over 10 weeks for ulnar nerve entrapment/cubital tunnel syndrome. The documentation submitted indicates that the injured worker has been certified for decompression and anterior transposition of the ulnar nerve at the elbow. The initial course of therapy is one-half of these visits, which is 10. Then with documentation of continuing objective functional improvement a subsequent course of therapy of the remaining 10 visits may be prescribed. The request as stated is for 12 visits, which exceeds the guideline recommendation of 10 visits. As such, the guidelines do not support the request and the medical necessity has not been substantiated. The request is not medically necessary.