

Case Number:	CM15-0198863		
Date Assigned:	10/14/2015	Date of Injury:	09/04/2012
Decision Date:	11/23/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/09/2015

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:

This injured worker is a 36-year-old male, who sustained an industrial injury on 09-04-2012. The injured worker was diagnosed as having elbow cubital tunnel syndrome and left shoulder impingement. On medical records dated 09-04-2015, was hand written and difficult to decipher. The subjective complaints were noted as increased pain and numbness in elbow. Pain was noted to radiate into back at times. Objective findings were noted as positive Tinel's, positive Phalen's and no acute neuro changes were noted. Left shoulder revealed positive impingement and pain and tender subacromial bursa. Left elbow numbness was noted as well. Treatments to date included were note included on 09-04-2015. The provider recommended surgical intervention, medication and therapy. Current medications were not listed 09-04-2015. The Utilization Review (UR) was dated 10-08-2015. A Request for Authorization was dated 09-04-2015. The UR submitted for this medical review indicated that the request for Post-operative physical therapy, left elbow, as outpatient, daily for 2 weeks (10 visits), then 3 times weekly for 6 weeks (18 sessions), 28 total visits was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative physical therapy, left elbow, as outpatient, daily for 2 weeks (10 visits), then 3 times weekly for 6 weeks (18 sessions), 28 total visits: Upheld

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

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

Decision rationale: Post operative physical therapy, left elbow, as outpatient, daily for 2 weeks (10 visits), then 3 times weekly for 6 weeks (18 sessions), 28 total visits. The MTUS recommends up to 20 visits of post operative elbow PT after cubital tunnel surgery. The request exceeds this number. There are no extenuating factors, which would necessitate 28 postoperative PT sessions for the left elbow therefore this request is not medically necessary.