

Case Number:	CM15-0219870		
Date Assigned:	11/12/2015	Date of Injury:	07/10/2014
Decision Date:	12/30/2015	UR Denial Date:	11/06/2015
Priority:	Standard	Application Received:	11/09/2015

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: California, Hawaii

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 65 year old female who sustained an industrial injury on 7-10-14. The injured worker reported right elbow pain. A review of the medical records indicates that the injured worker is undergoing treatments for lateral epicondylitis of right elbow, right cubital tunnel syndrome, right elbow pain, swelling of joint of right elbow, right elbow muscle weakness. Provider documentation dated 10-26-15 notes "she has had improvement with overall pain, range of motion and strength...continues to have some pain to the palmar surface of her right hand near the incisional site...continues to have weakness with her overall grip, as well as pain with gripping and grasping." Provider documentation dated 10-26-15 noted the work status as temporary totally disabled. Treatment has included status post-ulnar nerve transposition of the right elbow (7-14-15), status post right carpal tunnel release, physical therapy, anti-inflammatory medications, injection therapy, Norco since at least July of 2015, and Soma since at least July of 2016. Objective findings dated 10-26-15 were notable for right elbow with tenderness over incisional site, "compartments are soft", right wrist with "tenderness about the thenar and hypothenar eminence" with mild swelling. The original utilization review (11-6-15) partially approved a request for Physical therapy (right elbow/wrist/hand) 3 times 4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy (right elbow/wrist/hand) 3 times 4: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with right elbow pain status post ulnar nerve transposition on 7/14/15. The current request is for physical therapy (right elbow/wrist/hand) 3 x 4. The UR report dated 11/6/15 modified the request to certify 6 sessions of physical therapy. The treating physician report dated 10/26/15 states, "Request authorization for physical therapy as the patient has swelling, stiffness, weakness and/or pain. Physical therapy will include ultrasound, massage and therapeutic exercises 3x4 for the right elbow and right wrist/hand." The MTUS post-surgical guidelines state: Ulnar nerve entrapment/Cubital tunnel syndrome (ICD9 354.2): Postsurgical treatment: 20 visits over 10 weeks. Postsurgical physical medicine treatment period: 6 months. In this case, the patient has completed 12 post-surgical sessions of physical therapy. The patient should have been taught a home program by this time. The treating physician is requesting an additional 12 sessions and the MTUS PSTG only recommend a total of 20 post-surgical visits before the patient is released to a home exercise program. There is no rationale provided that would justify treatment outside of the guidelines. The current request is not medically necessary.