

<b>Case Number:</b>	CM15-0040822		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	05/02/2012
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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 42 year old female who sustained an industrial injury on 05/02/2012. Initially the injured worker felt pain in both hands, and then swelling in both hands. She did computer work about 10 hour a day and also worked 5 hours a day on weekends. Diagnoses include bilateral carpal tunnel syndrome, bilateral cubital tunnel syndrome, status post right carpal tunnel release on 01/25/2013, status post left carpal tunnel release 05/2013, status post right cubital tunnel release 03/2014 and status post left cubital tunnel release 10/24/2014. Treatment to date has included physical therapy, bracing, and medications. A physician progress note dated 01/28/2015 documents the injured worker complains of cramping in the left hand with numbness in the little finger. There is decreased sensation and function of the little finger. The provider is recommending continued physical therapy. Treatment requested is for Additional Post- Operative Physical (12-sessions, 2 times a week for 6 weeks for the left elbow).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Post- Operative Physical (12-sessions, 2 times a week for 6 weeks for the left elbow): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-17.

**Decision rationale:** According to the 01/28/2015 hand written report, the patient is 3 months status post left cubital tunnel release and now has cramping in the left hand with numbness in the little finger. The current request is for additional Post- Operative Physical (12-sessions, 2 times a week for 6 weeks for the left elbow) and Utilization Review modified the request to 8 sessions of physical therapy. The request for authorization is not included in the file for review. The patient's work status is "remains off-work." Regarding post-surgical Cubital tunnel release therapy treatments, MTUS guidelines recommend 20 visits over 3 months with time frame for treatment of 6 months. In reviewing the provided physical therapy reports from 12/09/2014 to 01/27/2015, the patient has had completed 10 sessions of therapy with "only 50% better in regards to the LUE." In this case, the requested 12 sessions combines with the 10 previous sessions completed exceed what is allowed by MTUS. MTUS supports 20 sessions of post-surgical therapy treatment for this type of condition. Therefore, the request IS NOT medically necessary.