

Case Number:	CM15-0042825		
Date Assigned:	03/13/2015	Date of Injury:	08/14/2009
Decision Date:	04/20/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/06/2015

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: Illinois, California, Texas
 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 46-year-old male who sustained an industrial injury on 8/14/09. Injury occurred relative to repetitive injury. Past surgical history was positive for bilateral elbow anterior ulnar nerve decompressions in 2010, L4-S1 lumbar fusion on 11/14/13, right elbow ulnar nerve transposition on 3/3/14, and right knee arthroscopy with chondroplasty on 6/30/14. The 10/13/13 bilateral upper extremity EMG/NCV study impression documented evidence of mild bilateral carpal tunnel syndrome and mild bilateral ulnar neuropathy at the cubital tunnel. The 1/29/15 therefore cited grade 7/10 left elbow pain radiating to the forearm with numbness into the 4th and 5th fingers. Pain was associated with activities of daily living, driving, washing hair, and bathing. Medications included gabapentin. Left elbow exam documented full range of motion, positive cubital Tinel's, positive elbow flexion test, and 4/5 digit abduction strength. The injured worker had a left elbow ulnar nerve decompression without transposition in 2011. The plan of care included left ulnar nerve decompression/anterior transposition with post-operative left elbow sleeve, sling, and physical therapy. The 2/19/15 utilization review denied the request for post-op left elbow physical therapy as the associated surgical request for left ulnar nerve decompression and anterior transposition based was not found to be medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post op physical therapy left elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 18.

Decision rationale: The California Post-Surgical Treatment Guidelines for lateral epicondylitis suggest a general course of 20 post-operative physical medicine visits over 10 weeks. The post-surgical treatment period was defined as 6 months. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical period. Guideline criteria have not been met. There is no evidence in the records that the associated ulnar nerve decompression has been found medically necessary. Therefore, this request is not medically necessary at this time.