

Case Number:	CM15-0044492		
Date Assigned:	03/16/2015	Date of Injury:	10/20/2012
Decision Date:	05/06/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/09/2015

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

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 36 year old male, who sustained an industrial injury on October 20, 2012. He reported left upper extremity pain. The injured worker was diagnosed as having ulnar neuropathy of the left elbow, and improving left ulnar function status post ulnar nerve transposition. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the left elbow, physical therapy, pain medications and work restrictions. Currently, the injured worker complains of decreased range of motion with intermittent sharp pain in the left elbow. The injured worker reported an industrial injury in 2012, resulting in the above noted pain. He was treated surgically and conservatively without complete resolution of the pain. Evaluation on February 9, 2015, revealed improvement of the left ulnar function however it was noted as slow. The plan was to continue physical therapy. He remained off work at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 2 Times a Week for 6 Weeks Left Elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The injured worker is being treated for left ulnar neuropathy status post left ulnar nerve transposition surgery. Upon follow-up 2 months status post procedure, records note that there has been slow progress of persistent ulnar distribution sensation and elbow range of motion impairment and weakness. MTUS guidelines recommends, for the diagnosis of ulnar nerve entrapment, post surgical physical medicine treatment of 20 visits over 10 weeks. Records indicate that the injured worker has already received 13 post surgical physical therapy visits. Request is being made for an additional 12 visits which exceeds cited MTUS guidelines and is not medically necessary.