

Case Number:	CM15-0081872		
Date Assigned:	05/04/2015	Date of Injury:	07/16/2014
Decision Date:	06/02/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/28/2015

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: 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 35 year old male patient who sustained an industrial injury on 07/16/2014. The patient encountered a significant fall of twenty feet resulting in multiple injuries including left elbow fracture, dislocation, right scapular body fracture, and impaction fracture of the distal tibia on the left. A recent primary treating office visit dated 04/05/2015 reported the patient with subjective complaint of left elbow pain. Of note, the patient is awaiting to undergo general manipulation under general anesthesia on 04/15/2015. Diagnostic testing to include: magnetic resonance imaging study, electric nerve conduction study. The following diagnoses are applied: carpal tunnel syndrome, and joint stiffness of arm. The plan of care involved: recommending endoscopic release surgery. An orthopedic follow up dated 12/16/2014 reported the patient prescribed OxyContin 10mg, and with chief complaint of chronic elbow pain and dysfunction. He is with continued stiffness of left elbow and unable to fully extend elbow. There is significant pain, guarding, and loss of range of motion to the left elbow. The plan of care noted surgical consultation treating the nonunion of the left elbow. He is to remain off from work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative physical therapy twice a week for 6 weeks for the left elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16-17.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

Decision rationale: Per the CA MTUS/Post Surgical Treatment Guidelines, Carpal tunnel syndrome, page 16, 3-8 visits over a 3-month period is authorized. In this case, the 12 visits exceed the recommended visits for carpal tunnel release. Therefore, the request is not medically necessary and the determination is for non-certification.