

Case Number:	CM13-0031852		
Date Assigned:	12/04/2013	Date of Injury:	05/10/2012
Decision Date:	01/21/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 37-year-old gentleman injured in a work-related accident on 05/10/2012 who sustained an injury to his right wrist. This was injured while working as a police officer. Records indicate that following a course of conservative care, surgery took place in 09/2012 in the form of a TFCC repair. More recently, on 08/07/2013, records document that the claimant underwent a right upper extremity anterior transposition of the ulnar nerve for diagnosis of cubital tunnel syndrome. A 10/23/2013 physical therapy progress report indicates the claimant has undergone 9 sessions of therapy to date with continued diminished grip strength and sensitivity about the right elbow to palpation at the medial epicondyle. The last clinical assessment for review from the treating surgeon, [REDACTED], was from 09/12/2013 indicating the claimant was 5 weeks following his ulnar nerve transposition, doing well with some residual numbness to the forearm, and improving strength as well as range of motion to the elbow and wrist. At present, there is a request for 6 additional sessions of formal physical therapy. As stated since the time of the claimant's elbow procedure, there is documentation of 9 formal sessions of physical therapy to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op physical therapy sessions, quantity 6: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16-18.

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

Decision rationale: Based on the California MTUS Postsurgical Rehabilitative Guidelines, surgery for a transposition of the ulnar nerve cubital tunnel release would support up to 20 sessions of therapy over 10 weeks. Records in this case indicate that the claimant has undergone 9 sessions of formal physical therapy documented. Based on the above, the requested 6 additional sessions of therapy would be within the recommended number of sessions; however, the examination provided did not support significant deficits to support additional formal supervised therapy versus continuation of an independent home exercise program. Given the above, the request is non-certified.