

Case Number:	CM14-0142798		
Date Assigned:	09/10/2014	Date of Injury:	07/04/2007
Decision Date:	10/10/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/03/2014

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. The expert 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 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/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:

According to the records made available for review, this is a 54-year-old male with a 7/4/07 date of injury. At the time (8/13/14) of request for authorization for Occupational Therapy x 10 Sessions, there is documentation of subjective (left elbow pain and numbness and tingling involving ring and small finger) and objective (positive Tinel sign over cubital tunnel, frank numbness described to light touch, and atrophy of first dorsal interosseous) findings, imaging findings (Left Elbow x-rays (undated) report revealed continued degenerative changes including bone spurs protruding into the cubital tunnel), current diagnoses (left cubital tunnel syndrome), and treatment to date (anti-inflammatory medications, physical therapy, activity modification, and elbow splinting). Medical report identifies a plan for left cubital tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy x 10 Sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Â§ 9792.24. 3. Postsurgical Treatment Guidelines; and Title 8, California Code of Regulations, section 9792.20

Decision rationale: The MTUS Postsurgical Treatment Guidelines identifies up to 20 visits of post-operative physical therapy over 3 weeks and post-surgical physical medicine treatment period of up to 6 months. In addition, the MTUS Postsurgical Treatment Guidelines identifies that the initial course of physical therapy following surgery is 1/2 the number of sessions recommended for the general course of therapy for the specified surgery. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of left cubital tunnel syndrome. However, despite documentation of a plan for left cubital tunnel release, there is no documentation of a surgery that is medically necessary. Therefore, based on guidelines and a review of the evidence, the request for Occupational Therapy x 10 Sessions is not medically necessary.