

<b>Case Number:</b>	CM14-0148522		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	03/04/2014
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	09/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2014

### 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:

The injured worker is a 64-year-old male who reported an injury on 03/04/2014. The mechanism of injury was not submitted for clinical review. The diagnoses included ulnar neuritis and median neuritis. The previous treatments included physical therapy, medication, and surgery. Upon physical examination dated 09/03/2014, it was reported the injured worker underwent a right ulnar nerve decompression. The injured worker complained of occasional sharp paresthesia described as pins and needle sticks into the forearm down to the hand. He complained of occasional pain with full extension. Upon physical examination, the provider noted the surgical incision was healing well. The injured worker had difficulty resting his arm on the armrest. The provider requested postoperative physical therapy for hand weakness and grip strength. The Request for Authorization was submitted and dated on 09/04/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-op physical therapy (right elbow) 3 x 6 weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 22.

**Decision rationale:** The request for postoperative physical therapy (right elbow) 3 times a week for 6 weeks is not medically necessary. The Postsurgical Treatment Guidelines note the initial course of therapy means only half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations set forth. The guidelines recommend postsurgical treatment at 20 visits over 10 weeks with a postsurgical physical medication treatment period of 6 months. The number of sessions requested by the provider exceeds the initial 10 visits recommended by the guidelines. The provider failed to document an adequate and complete physical examination demonstrating the injured worker to have decreased flexibility or strength. Therefore, the request is not medically necessary.

**Post-op hand therapy (right elbow) 3 x 6 weeks: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 22..

**Decision rationale:** The request for postoperative hand therapy (right elbow) 3 times per week times 6 weeks is not medically necessary. The Postsurgical Treatment Guidelines note the initial course of therapy means only half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations set forth. The guidelines recommend postsurgical treatment at 20 visits over 10 weeks with a postsurgical physical medication treatment period of 6 months. The number of sessions requested by the provider exceeds the initial 10 visits recommended by the guidelines. The provider failed to document an adequate and complete physical examination demonstrating the injured worker to have decreased flexibility or strength. Therefore, the request is not medically necessary.