

Case Number:	CM14-0157253		
Date Assigned:	09/30/2014	Date of Injury:	03/31/2011
Decision Date:	10/30/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	09/25/2014

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 Orthopedic Surgery 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:

This is a 58-year-old female who injured her left elbow and wrist as a result of repetitive motion at work on 03/31/11. The medical records documented that after failing to improve with conservative treatment, the claimant underwent left cubital tunnel release, ulnar nerve transposition and a left carpal tunnel release on 02/03/14. Postoperative clinical records included a follow up report dated 09/01/14 describing continued complaints of pain noting that physical therapy had been helpful; however, symptoms have continued to persist. It was documented that examination revealed tenderness of the right elbow diffusely and triggering of the left long finger. It was documented that the claimant has undergone extensive postoperative physical therapy since the February 2014 procedure and that other forms of postoperative care have included corticosteroid injections, medication management, and activity restrictions. This is a request for eight additional sessions of physical therapy for the carpal tunnel and the cubital.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Op Physical Therapy, 2x week for 4 weeks of the left elbow and wrist, QTY: 8:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines Pain Interventions and Treatments, Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS Postsurgical Rehabilitation Guidelines, the request for eight additional sessions of physical therapy for the claimant's left elbow and wrist is not recommended as medically necessary. The medical records indicate that the claimant is seven months following the time of surgery for a carpal and cubital tunnel release. The medical records also document that the claimant has had a significant course of physical therapy since surgery. This claimant has already exceeded the Postsurgical Guideline criteria that recommends up to twenty visits over a three month period of time for a cubital tunnel release and up to eight visits over a three to five week period of time for carpal tunnel release. The additional eight sessions of physical therapy exceeds the recommended number of sessions as well as the timeframe for completion. As such, the request is considered not medically necessary.