

<b>Case Number:</b>	CM14-0082012		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	07/28/2000
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2014

### 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 Orthopaedic 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 60-year-old male painter sustained an industrial injury on 7/20/00. Injury occurred when he fell backwards onto several metal pipes. He sustained a left elbow fracture requiring surgical repair. He also underwent ulnar nerve surgery and carpal tunnel release. The patient was status post left elbow total arthroplasty on 10/23/12. He underwent revision ulnar nerve neurolysis and transposition, and unlinking of the total elbow arthroplasty on 12/10/13. Twelve visits of post-op physical therapy were completed as of 4/3/14. The physical therapy progress report indicated that the patient required long term therapy due to the chronic nature of the problem, the high level of pain, severe atrophy, severe range of motion deficits, and anxiety problems. The therapist indicated that the patient had made progress towards his treatment goals. The 4/18/14 orthopedic surgeon report cited ulnar nerve dysfunction with coldness. Physical exam documented range of motion from 40 to 120 degrees, good rotation, and numbness in the ulnar nerve distribution. X-rays showed the elbow arthroplasty was well-placed. Additional physical therapy was requested for 18 sessions to address the ulnar nerve dysfunction. The 5/26/14 utilization review denied the request for additional physical therapy as there was no indication that additional functional improvement could be achieved.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**18 sessions of physical therapy:** 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): page(s) 18.

**Decision rationale:** The California MTUS Post-Surgical Treatment Guidelines for ulnar nerve entrapment surgery suggest a general course of 20 post-operative visits over 10 weeks during the 6-month post-surgical treatment period. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. Guideline criteria have not been met for the current request. The patient completed 12 post-op visits with no evidence of functional improvement consistent with guidelines. The general course of care would allow 8 additional visits. Additional treatment within guideline recommendations would be reasonable given the chronicity of this patient's ulnar nerve dysfunction and severity of impairment. The request for 18 additional sessions markedly exceeds the recommended general course of treatment. Therefore, this request for 18 sessions of physical therapy is not medically necessary.