

Case Number:	CM14-0098605		
Date Assigned:	07/28/2014	Date of Injury:	02/05/2009
Decision Date:	09/16/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	06/26/2014

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 Geriatrics and is licensed to practice in New York. 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 55 year old woman with a date of injury of 2/5/09. She is status post right ulnar nerve surgery at the elbow in 7/09. She was seen by her primary treating physician for a follow-up orthopedic evaluation. She reported increased right elbow pain with radiation into her forearm and middle fingers. She also complained of numbness throughout her right arm and neck pain. Her physical exam showed tenderness to palpation of the right paravertebrals and decreased sensation throughout her right upper extremity. Her right elbow showed tenderness to palpation and decreased grip strength with atrophy of the lateral portion of her hand. There is a report indicating she has cervical disc disease at C5-6 and C6-7 and would benefit from an anterior cervical fusion. Her diagnoses include traction injury, right upper extremity, cervical radiculitis, right shoulder strain status post arthroscopy, right elbow ulnar nerve neuritis status post anterior transposition of ulnar nerve with residuals and triggering of right ring finger. She had attended 54 sessions of physical therapy and 12 sessions of acupuncture. She has undergone right elbow cortisone injections without relief. At issue in this review is the request for physical therapy for range of motion, pain reduction and strengthening and re-exploration of ulnar nerve at the elbow with release and possible further transportation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Re-exploration of ulnar nerve at the elbow with release and possible further transportation
Qty:1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: This injured worker has chronic right upper extremity, neck and elbow pain. A physical exam did not document any red flag symptoms or signs which would be indications for immediate referral for reexploration surgery. A NCV/EMG also was to assess ulnar neuropathy. Other modalities of conservative therapy and diagnostic studies could be trialed prior to surgical referral and the medical records do not support the medical necessity of re-exploration of ulnar nerve at the elbow with release and possible further transportation. The request is not medically necessary and appropriate.

Physical therapy 2 times weekly for 4 weeks, right elbow Qty: 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines- Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: In this injured worker, physical therapy has already been used for 54 sessions as a modality for chronic neck, elbow and upper extremity pain and a self-directed home exercise program should be in place. The records do not support the medical necessity for an additional 8 sessions of physical therapy. The request is not medically necessary and appropriate.