

<b>Case Number:</b>	CM13-0039345		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	07/01/2010
<b>Decision Date:</b>	09/25/2015	<b>UR Denial Date:</b>	09/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/04/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 50-year-old female with an industrial injury dated 07-01-2010. The injured worker's diagnoses include status post right cubital tunnel release and lateral epicondylitis surgery, status post left carpal tunnel release, left radial tunnel syndrome, left medial and lateral epicondylitis and left cubital syndrome. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 08-15-2013, the injured worker reported numbness in the right ring finger and occasional numbness in the left thumb. The injured worker complained of pain in the elbows and hands with decreased strength. Objective findings revealed slight medial epicondyle and lateral epicondyle on the right, mild medial epicondyle and lateral epicondyle on the left, slight left radial tunnel and positive Tinel's sign of the ulnar nerve. Wrist exam revealed well healed, mildly tender bilateral surgical scars over the carpal tunnels. The treatment plan consisted of right elbow splint and sleeve and physical therapy. The treating physician prescribed services for post op physical therapy, 2 times per week for 6 weeks for the elbow and wrist, now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**POST-OP PHYSICAL THERAPY 2 TIMES PER WEEK FOR 6 WEEKS FOR THE ELBOW AND WRIST:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy guidelines Page(s): 98-99.

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

**Decision rationale:** The request is for 12 sessions of PT post-operatively. The claimant has undergone multiple surgical procedures to the upper extremities. The patient continues to complain of numbness in the right 4th digit and the left thumb and bilateral elbow and hand pain with decreased strength. The request for 12 sessions of post-operative Physical therapy exceeds the recommended guidelines. Six treatments followed by an assessment of improvement would be considered within guidelines. Therefore, the request for 12 sessions of PT is not medically necessary or appropriate.