

Case Number:	CM14-0194519		
Date Assigned:	12/02/2014	Date of Injury:	10/12/2012
Decision Date:	01/16/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/20/2014

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 Surgeon and is licensed to practice in Massachusetts, Texas & Nebraska. 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 41 year old female who reported an injury on 10/12/2012. The mechanism of injury reportedly occurred due to cumulative trauma. Her diagnoses were noted to include medial epicondylitis, ulnar nerve syndrome, injury to the ulnar nerve, and cervical strain. Past treatments were noted to include physical therapy, cortisone injection, activity modification, medication, right cubital tunnel release/ulnar nerve anterior transposition performed on 03/26/2014. Her diagnostic studies were not provided for review. Her surgical history was noted to include a right cubital tunnel release/ulnar nerve anterior transposition performed on 03/26/2014. The most recent clinical note dated 10/22/2014 was hand written and illegible. Physical therapy note dated 09/15/2014 noted that the injured worker completed 24 visits of physical therapy and reported persistent discomfort and tightness at the right shoulder radiating to the neck with decreased spasms at the elbow. The assessment noted that the injured worker had made more progress. Home exercise was noted to be reviewed. Clinical notes from previous dates were also handwritten and hard to decipher. The treatment plan consisted of additional physical therapy x12. The rationale for the request was not provided for review. A request for authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy x 12: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 18.

Decision rationale: The California MTUS Postsurgical Rehabilitation Guidelines may recommend up to a total of 20 visits of postoperative treatment following an ulnar neuroplasty. The guidelines state that if it is determined that additional functional improvement can be accomplished after completion of general course of therapy, physical medicine treatment may be continued up to the end of postsurgical physical medicine period of 6 months. The documentation submitted for review indicated that the injured worker attended at least 24 visits of postoperative physical therapy following an ulnar neuroplasty performed on 03/26/2014. Therefore, the injured worker has already exceeded the maximum recommendations outlined within the guidelines. As such, the additional physical therapy would be excessive according to the guideline recommendations for treatment duration. It is also outlined within the guidelines that when no functional improvement is demonstrated, postsurgical treatment should be discontinued at any time during postsurgical physical medicine. Within the documentation provided for review, there is no evidence of objective functional improvement, strength, and range of motion, with duration of postoperative physical therapy already completed. Therefore, there is no evidence that the injured worker would benefit from additional physical therapy. Therefore, the request for additional physical therapy x12 is not medically necessary.