

Case Number:	CM14-0212200		
Date Assigned:	01/02/2015	Date of Injury:	07/26/2012
Decision Date:	03/24/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 46-year-old male who reported an injury on 07/26/2012. The mechanism of injury involved repetitive activity. The current diagnoses include status post anterior cervical fusion at 2 levels, continued ulnar nerve entrapment syndrome, and carpal tunnel syndrome bilaterally. The injured worker presented on 11/03/2014 with complaints of pain in the left and right elbow as well as the left and right wrist rated 5/10. The injured worker reported an exacerbation of symptoms with any activity. Upon examination of the bilateral elbows, there was 140 degree flexion with 0 degree extension. Forearm rotation was full. Range of motion of the wrist is full, and there was full abduction of each thumb. There was positive Tinel's sign at the left elbow and over the median nerve. Neurological evaluation was within normal limits. Grip strength was noted at 50/50/50 on the left. Recommendations at that time included an outpatient ulnar nerve transposition surgery with a release at the cubital tunnel at the left elbow to be followed by postoperative rehabilitation twice weekly for 6 weeks. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Post-op Physical Therapy 2xWk x 6 Wks for left elbow:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The California MTUS Guidelines state the initial course of therapy means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. Postsurgical treatment following cubital tunnel release includes 20 visits over 10 weeks. The current request for an initial 12 sessions of postoperative physical therapy would exceed guideline recommendations. Therefore, the request is not medically appropriate at this time.