

Case Number:	CM15-0111610		
Date Assigned:	06/18/2015	Date of Injury:	10/08/2008
Decision Date:	07/22/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/09/2015

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: Physical Medicine & Rehabilitation

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 56-year-old male who sustained an industrial injury on 10/8/08. Diagnosis is disorders of the bursae and tendons in shoulder region, status post left elbow submuscular ulnar nerve transposition. A treating physician progress report dated 3/10/15 notes he is seen for follow up of his left shoulder. He continues to have moderate pain, stiffness, and limited function. The treatment plan noted is Manipulation Under Anesthesia (shoulder), post-procedure 12 physical therapy sessions. In a progress report dated 4/2/15 a treating physician notes left shoulder symptoms are worse than the last visit as the weight of his arm cast is hurting his shoulder. His sling also irritates his neck and shoulder. Physical exam notes he is moderately tender at the anterolateral acromion, pectoralis tendon, and bicipital groove. Active flexion is to 85%, passive is to 95% and external rotation is to 45%. He has moderate pain with range of motion. Motor strength is 5/5 throughout and he has mild tingling in the ulnar digits on the left. Medication is Norco 10-325 mg tablets 1-2 every 4-6 hours. Previous treatment includes cognitive behavioral therapy, acupuncture, Percocet, Norco, and physical therapy. Work status is noted as temporary total disability. The requested treatment is post operative physical therapy, twice weekly for 3 weeks, left elbow, for a quantity of 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy, twice weekly for 3 weeks, left elbow, QTY: 6: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines
Page(s): 15-17.

Decision rationale: The patient presents with left elbow pain. The request is for POST-OPERATIVE PHYSICAL THERAPY, TWICE WEEKLY FOR 3 WEEKS, LEFT ELBOW, QTY: 6. The request for authorization is not provided. The patient is status post left elbow submuscular ulnar nerve transposition, 02/2015. Physical examination of the left elbow reveals a well healed incision. His compartments are soft. Sensation is intact with excellent capillary refill noted. There is no gross evidence of instability. He has full active digital range of motion. The patient notes that his paresthesias are improving into his left hand and almost resolved. Regarding post-surgical Ulnar Nerve / Cubital Tunnel Release therapy treatments, MTUS guidelines pages 15-17 recommend 20 visits over 3 months with time frame for treatment of 6 months. Per progress report dated 04/09/15, treater's reason for the request is "will require more upon his follow up for work conditioning and strengthening." Per UR letter dated 05/13/15, reviewer notes, "From 04/13/15-05/11/15, the patient had attended 8 physical therapy visits. " In this case, the patient is within the treatment time frame of 6 months. The request for 6 additional Post-Operative sessions is reasonable and within guideline recommendation. Therefore, the request IS medically necessary.