

<b>Case Number:</b>	CM15-0114737		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	06/15/2008
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 female, who sustained an industrial injury on 06/15/2008. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having carpal tunnel syndrome, status post left carpal tunnel release with left ulnar decompression at the cubital tunnel and left medial epicondylectomy performed on 06/25/2014, neuritis of the upper extremity, bilateral cubital tunnel syndrome, and status post left ulnar nerve transplant with ulnar nerve decompression performed on 05/18/2015. Treatment and diagnostic studies to date has included above noted procedures, use of a cast, and medication regimen. In a progress note dated 05/28/2015 the treating physician reports that the injured worker removed her cast secondary to discomfort and also has complaints of pain and rash to the left upper inner arm. As noted above the injured worker is status post recent left ulnar nerve transplant with ulnar nerve decompression without formal therapy started at this time. The treating physician requested outpatient post-operative hand therapy two to three times a week for four to six weeks for the left elbow/hand for range of motion exercises, home range of motion program, and pain control.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient post-operative hand therapy 2-3 times a week for 4-6 weeks for the left elbow/hand:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

**Decision rationale:** The claimant sustained a work injury in June 2008 and underwent an ulnar decompression with transposition on 05/18/15. In postoperative follow-up 10 days later, she had removed her cast due to discomfort, pain, and a rash. She was referred for up to 18 therapy treatment sessions. Her past medical history includes surgery with a left carpal, release, ulnar nerve decompression, and medial epicondylectomy in June 2014. Guidelines recommend up to 20 treatment sessions over three months following the surgery that was performed. In this case, this was a revision procedure. The number of requested treatments is within the guideline recommendation and can be considered as being medically necessary.