

<b>Case Number:</b>	CM15-0129005		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	04/21/2014
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2015

### 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: Orthopedic Surgery, Hand 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 35 year old female who sustained an industrial injury on 4-21-2014. The injured worker was diagnosed as having right medial epicondylitis of the elbow and right cubital tunnel. Treatment to date has included right submuscular ulnar nerve transposition with medial epicondyle debridement (4-15-2015) and physical therapy (initial post-operative 12 visits authorized to date of request). On 6-09-2015, it was documented that the case was discussed with physical therapy. The assessment included increased range of motion but continued significant pain and swelling. She reported the inability to perform activities of daily living without difficulty. She made significant but incomplete gains with therapy and would benefit from additional 12 sessions of physical therapy for edema control and strengthening. On 6-16-2015, the treatment plan included additional supervised post-operative physical therapy sessions, 2x6. The physical therapy progress note (6-18-2015, 11 of 12 sessions) noted still painful, but improving. There was good subjective relief of pain after stimulation and massage.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional supervised post-operative physical therapy, quantity: 12 sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment

Guidelines.

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

**Decision rationale:** This is a request for 12 additional postoperative therapy sessions for an individual who underwent cubital tunnel surgery on April 15, 2015 and has completed 12 post surgical therapy sessions. The California MTUS guidelines support 20 therapy sessions over 3 months following cubital tunnel release surgery (page 16). An initial course of therapy is defined as one half the maximal number of visits (page 10). Additional therapy sessions up to the maximum allowed is appropriate only if there is documented functional improvement defined as clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment (page 1). The requested 12 additional sessions exceeds guidelines. Therefore the request is not medically necessary.