

Case Number:	CM15-0065668		
Date Assigned:	04/13/2015	Date of Injury:	08/05/2011
Decision Date:	06/25/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/07/2015

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 51 year old female, who sustained an industrial injury on August 5, 2011. She reported continuous trauma injury to the left elbow. The injured worker was diagnosed as having ulnar neuritis left elbow negative on nerve tests status post decompression and lateral epicondylitis left elbow status post tennis elbow surgery. Treatment to date has included electromyography (EMG)/nerve conduction velocity (NCV), home exercise program (HEP), MRI, decompression of the left ulnar, physical therapy, cortisone injection, tennis elbow surgery, and medication. Currently, the injured worker complains of pain about the left elbow with numbness and tingling in the ulnar nerve distribution. The Primary Treating Physician's report dated January 30, 2015, noted the injured worker had undergone a left upper extremity electromyography (EMG)/nerve conduction velocity (NCV) on January 28, 2015, that did not show evidence of recurrent carpal tunnel syndrome or ulnar neuritis. Physical examination was noted to show the nerve palpated in the cubital tunnel appearing to sublux slightly, with elbow extension test positive on the left, and numbness noted in the ulnar nerve distribution but no weakness of the intrinsic. Carpal compression and Phalen's were minimally positive, and Tinel's test was noted to be positive. The injured worker's medications were listed as Estratest and Norco. The injured worker was noted to have symptoms of recurrent ulnar neuritis on the left, with clinical evidence of mild subluxation of the ulnar nerve. The Physician noted that based on the injured worker's ongoing pain, numbness, and subluxation, the recommendation was for a repeat decompression and anterior transposition.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Post Op Physical Therapy 3 times a week for 4 weeks, left elbow as outpatient:

Overtured

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM

<https://www.acoempracguides.org/elbow>; table 2, summary of recommendations elbow disorders.

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

Decision rationale: The claimant sustained a work-related injury in August 2011 and continues to be treated for injury to the left elbow. When seen, electrodiagnostic testing had been negative for recurrent nerve compression. There was ulnar nerve subluxation. A repeat left ulnar nerve decompression and anterior transposition was planned. Post-operative physical therapy was requested. Guidelines recommend up to 20 physical therapy treatments over a 3 month period of time after the planned surgery. In this case, the number of visits being requested is within the guideline recommendation and can be considered medically necessary.