

Case Number:	CM15-0075019		
Date Assigned:	04/24/2015	Date of Injury:	04/25/2010
Decision Date:	05/22/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/20/2015

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 44 year old female, who sustained an industrial injury on 4/25/10. She reported a back injury. The injured worker was diagnosed as having status post right lateral epicondylectomy, status post postoperative Platelet Rich Plasma injection of right elbow, status post right shoulder subacromial decompression, Electrodiagnostic evidence of right carpal tunnel syndrome and postoperative right ulnar subluxation and neuropathy. Treatment to date has included right lateral epicondylectomy, platelet rich plasma injection, right cubital decompression, physical therapy and oral medications including opioids. Currently, the injured worker complains of painful dysesthesias and shocking sensation emanating from her right inner elbow into ring and small fingers with associated numbness, tingling, weakness and low of dexterity. Physical exam noted palpable subluxation of right ulnar nerve with range of motion and modest tenderness over the ulnar nerve with positive Tinel sign and compression test, sensation is attenuated in the right fourth and fifth digits. The treatment plan included continuation of oral medications including opioids, continued use of elbow pain and night extension splint, re-operative surgery and post-operative therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of therapy for treatment of right elbow post-operatively (unknown physical or occupational therapy): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS Elbow post Op.

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

Decision rationale: The claimant is more than 5 years status post work-related injury and continues to be treated for right elbow pain. Treatments have included an ulnar nerve transposition and revision surgery is being planned. The claimant has had post-operative physical therapy previously. Post surgical treatment after the planned surgery includes up to 20 physical therapy visits over 3 months weeks with a postsurgical physical medicine treatment period of 6 months. In this case, the requested number of post-operative therapy visits is within accepted guidelines and therefore medically necessary.