

Case Number:	CM15-0079409		
Date Assigned:	04/30/2015	Date of Injury:	06/13/2012
Decision Date:	05/29/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/24/2015

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 54 year old male, who sustained an industrial injury on 6/13/2012. The mechanism of injury is unclear. The injured worker was diagnosed as having right carpal and cubital tunnel syndromes. Treatment to date has included medications, electro diagnostic studies, therapy, and surgery of the right wrist and elbow. The request is for 12 sessions of post-operative physical therapy. On 9/4/2014, he reported improvement with numbness of the right hand, with continued numbness of the upper extremity. On 3/9/2015, he complained of continued elbow pain after surgery. The treatment plan included request for elbow surgery, and occupational therapy to follow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) sessions of post-operative physical therapy 3 times a week for 4 weeks for the right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 604. Decision based on Non-MTUS Citation Official Disability Guidelines Elbow Chapter, Splinting (padding).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Postsurgical Treatment Guidelines, Elbow & Upper Arm, pages 6-7: Elbow & Upper Arm.

Decision rationale: The patient is s/p right CTR & right cubital tunnel release on 11/20/13. Current report noted plan for repeat ulnar nerve release with post-op PT. Recent AME report of 2/9/15 noted patient with residual symptoms of numbness and tingling; however, exam showed tenderness with negative Tinel's and intact sensation and DTRs. Electro diagnostic study post previous surgery showed improved residual CTS with normal right ulnar nerve function. There was no recommendation for further surgical intervention. It appear the surgery request was not indicated; thereby, the Twelve (12) sessions of post-operative physical therapy 3 times a week for 4 weeks for the right elbow is not medically necessary and appropriate.