

Case Number:	CM14-0138974		
Date Assigned:	09/05/2014	Date of Injury:	06/13/2013
Decision Date:	11/17/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/27/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 52 year old female with an injury date on 06/13/13. Based on the 07/08/13 progress report provided by [REDACTED] the patient complains of constant right elbow pain and right wrist pains rated at 3/10. Per operative report dated 01/10/14, the patient underwent right open carpal tunnel release, right wrist flexor tendon tenosynovectomy, right ulnar nerve decompression at the elbow and anterior transposition, and right ulnar nerve neurolysis. Diagnosis 07/08/13:- Carpal Tunnel Syndrome- Lesion of Ulnar Nerve- Sprain Of Unspecified Site of Wrist. [REDACTED] is requesting for physical therapy 1 time per week for 6 week for right wrist and elbow. The utilization review determination being challenged is dated 08/08/14. The rationale is "Patient completed 12 visits of physical therapy." [REDACTED] is the requesting provider, and he provided treatment reports from 01/10/14 to 07/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 1 time per week for 6 weeks for right wrist and elbow: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines pt post op- ulnar nerve entrapment/cubital tunnel syndrome Page(s): 98, 99.

Decision rationale: According to the 07/8/2013 report by [REDACTED], this patient presents with constant right elbow pain and right wrist pain. The physician is requesting physical therapy 1 time per week for 6 week for right wrist and elbow. Per operative report dated 01/10/14, the patient underwent right open carpal tunnel release, right wrist flexor tendon tenosynovectomy, right ulnar nerve decompression at the elbow and anterior transposition, and right ulnar nerve neurolysis. The MTUS guidelines regarding ulnar nerve entrapment/cubital tunnel syndrome, recommended 14 visits over 6 weeks. MTUS pages 98, 99 have the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Per 07/30/14 progress report, physician states that PT provided functional improvement and reason for request is to decrease frequency of visits to decrease the patient's dependency on the care, as well as transition to home exercise program. Per UR letter dated 08/08/2014 the patient completed 12 sessions of postoperative physical therapy. However, it has been over 6 months since the patient's surgery. Given that it has been awhile since post-operative care and given the patient's persistent symptoms, another short course of 6 sessions would appear reasonable to address the patient's symptoms. Therefore, the request is medically necessary.