

Case Number:	CM14-0136192		
Date Assigned:	09/03/2014	Date of Injury:	02/08/2012
Decision Date:	10/24/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/25/2014

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 and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 28-year-old male who reported an injury on 02/08/2012 unspecified mechanism. The injured worker's treatment history included physiological evaluation and management, drug screen, electromyography/ nerve conduction velocity studies, occupational hand therapy, and physical therapy. On 06/17/2014, the injured worker sustained a severe brachial plexus injury from which he recovered sufficiently from his elbow flexion and extension as well as for his wrist and finger flexion. He had good supple passive extension of his wrist and fingers. His Flexor carpi radialis and pollicis longus appeared to be firing. The injured worker was evaluated on 07/15/2014 and it was documented that the surgery had never been authorized. It was documented that the surgery has been rescheduled for 07/24/2014. Diagnosis included closed head injury with loss of conscious up to 24 hours, mild traumatic brain injury, post-concussion syndrome, C2 vertebra fracture, sleep disorder, left ankle syndesmosis fractures, status post open reduction internal fixation, and injury radial nerve. Request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative occupational therapy 2x wk x 6 wks, left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Forearm, wrist, hand complaints, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): Page 18.

Decision rationale: The request for post-op physical therapy for left wrist is not medically necessary. Per the Postsurgical Treatment Guidelines for forearm, wrist, and hand state that initial course of therapy means 1 half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations set forth. Tendon transfer forearm wrist or hand, postsurgical treatment is 14 visits over 4 months, postsurgical physical medicine treatment no more than 6 months. Tendon transfer thumb or finger, postsurgical treatment is 26 visits no more than 4 months, postsurgical physical medicine treatment no more than 6 months. Medical record dated 06/17/2014 indicated the injured worker complained of limited left hand motion. He recovered sufficiently for his elbow flexion extension as well as for his wrist and finger flexion. Within the documentation submitted on 07/15/2014, it was documented that surgery has not been authorized. As such, the request for Post-operative occupational therapy is not medically necessary.