

Case Number:	CM14-0024240		
Date Assigned:	06/11/2014	Date of Injury:	09/12/2011
Decision Date:	07/16/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/26/2014

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 Alabama. 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 59 year old male who was injured on 09/12/2011 when he slipped and fell. Prior treatment history has included injection. The patient underwent left radial tunnel syndrome surgery and decompression of the left posterior intraosseous nerve in the forearm on 11/10/2013. Progress report dated 01/02/2014 states the patient reported complaints of considerable post operative forearm pain. Objective findings on exam revealed tenderness and pain over the left proximal forearm. The patient is diagnosed with left radial tunnel syndrome. Prior utilization review dated states the request for occupational therapy 3 times a week for 4 weeks of the left wrist and elbow has been modified for 10 visits of physical therapy at 2-3 visits per week over 4-5 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

OCCUPATIONAL THERAPY 3X4 LEFT WRIST & ELBOW: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 21.

Decision rationale: The CA MTUS/post-surgical guidelines recommend 20 visits over 6 weeks for left radial tunnel decompression. The guidelines further recommend that the initial course of postsurgical therapy is one half of the number of visits specified in the general course of therapy for the specific surgery. This is 10 visits of physical therapy at 2-3 visits per week for 4-5 weeks. The request is for 12 visits which is an excess of this guidelines recommendation. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.