

Case Number:	CM14-0034465		
Date Assigned:	06/20/2014	Date of Injury:	09/23/2011
Decision Date:	07/22/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/19/2014

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, 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 57-year-old male who reported an injury on 09/23/2011. The mechanism of injury was noted to be a fall. He was diagnosed with status post open reduction and internal fixation of the left wrist with retained hardware and median and ulnar nerve compression neuropathy of the wrist. He underwent a left ulnar nerve external neurolysis at the ulnar nerve at the wrist with removal of hardware on 12/16/2013. An initial occupational therapy evaluation was performed on 01/13/2014 and he was noted to have decreased range of motion to 24 degrees flexion, 22 degrees extension, 10 degrees radial deviation, and 11 degrees ulnar deviation. His grip strength was not tested. An occupational therapy note dated 02/19/2014 indicated that the injured worker had completed 10 occupational therapy visits of 12 approved. He rated his pain 6/10. His objective range of motion values were not documented. A request for authorization form had been submitted for 12 additional occupational therapy visits on 01/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) OCCUPATIONAL THERAPY VISITS: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: According to the California MTUS Post-Surgical Treatment Guidelines, post-surgical physical therapy may be recommended following surgery for a median nerve repair at 20 visits over 6 weeks. The MTUS Post-Surgical Physical Therapy Guidelines also state that following an initial course of therapy, a subsequent course of therapy may be prescribed with documentation of functional improvement. The clinical information submitted for review failed to provide sufficient evidence of objective functional gains made with the injured worker's initial 12 visits of postoperative physical therapy. In addition, the documentation failed to show whether he has remaining functional deficits for which continued physical therapy is necessary. Based on the above, the request is non-certified.