

Case Number:	CM14-0044894		
Date Assigned:	07/02/2014	Date of Injury:	12/07/2009
Decision Date:	09/25/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/11/2014

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 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 underlying date of injury in this case is 12/07/2009. The date of utilization review under appeal is 03/31/2014. The reported diagnoses include left ulnar nerve entrapment, neuropathy, tendinosis left wrist, left carpal tunnel syndrome, and left elbow tenderness with wrist with wrist and forearm tendinitis. The treatment under review is a request for 12 occupational therapy sessions; a prior review modified this for 6 sessions. On 03/11/2014, the treating neurosurgeon saw the patient in neurosurgical reevaluation and reported the patient had left thoracic outlet syndrome with compression of the median and radial nerves. The patient was noted to be status post decompression of the left brachial plexus a year earlier on 03/12/2013. The treating physician recommended continued home exercise as well as occupational therapy for 12 sessions to allow the patient to regain full strength in the left hand. On exam the patient was noted to have 4+/5 strength of the left finger flexors and intrinsic muscles of the left hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Occupational Therapy sessions to the left hand 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

Decision rationale: The MTUS Chronic Pain Guidelines, section on physical medicine, page 99, recommend to allow for the fading of treatment frequency and transition to independent home rehabilitation. The medical records indicate that the patient generally is doing well one year status post surgery for thoracic outlet syndrome. A rationale or indication for additional supervised therapy rather than continued home rehabilitation for the stated goals is not apparent. This request is not medically necessary.