

Case Number:	CM14-0059120		
Date Assigned:	07/09/2014	Date of Injury:	03/31/2009
Decision Date:	08/12/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/29/2014

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 03/31/2009. The patient's diagnosis is status post a left brachial plexus decompression of the median and ulnar nerves on 06/10/2014. At the time of a prior review, this surgery had not been certified. Currently on 06/23/2014, neurosurgery reevaluation note discusses the patient's surgery of 06/10/2014. The patient was doing well and had no evidence of infection. Postoperative occupational therapy was recommended for the left hand twice per week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy, three (3) times weekly for four (4) weeks, for the left shoulder: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 20.

Decision rationale: The Medical Treatment Utilization Schedule does not specifically discuss this patient's multipart surgical history. The Medical Treatment Utilization Schedule Post-Surgical Treatment Guidelines, page 20, recommends 20 visits over 3 months after treatment for

an ulnar cubital tunnel nerve release and recommends 3-8 visits for post-surgical treatment after carpal tunnel syndrome. Considering the complexity of this patient's surgery involving decompression of the left brachial plexus and median and ulnar nerves, the request at this time for initial postoperative therapy for 12 visits to the left shoulder would be supported by the treatment guidelines. Surgical approval had not been certified as of the time of prior physician review. However, by this time the surgery has been certified and completed. Therefore, given this initial information, this request is supported by the treatment guidelines. This request is medically necessary.