

Case Number:	CM14-0095530		
Date Assigned:	09/15/2014	Date of Injury:	12/07/2009
Decision Date:	10/31/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/23/2014

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 Orthopedic Surgery 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 claimant is a 57 year old female who injured her left upper extremity in a work related accident on 12/07/09. The clinical records provided for review included the progress report dated 05/13/14 describing that the claimant had continued sensation and tingling in the ulnar nerve distribution of the left hand primarily affecting the fifth digit. The report documents that the claimant has been treated with numerous occupational therapy sessions. Physical examination revealed 4/5 strength of the left finger extensors and intrinsic muscles and reduced deep tendon reflexes globally to the left upper extremity. There was a request for 12 additional sessions of occupational therapy for the left hand based on the claimant's clinical symptoms and diagnosis of thoracic outlet syndrome. The medical records also documented that the claimant underwent left brachial plexus, median nerve (elbow and wrist), and left radial nerve decompression on 03/12/13 and postoperatively the claimant has been treated with aggressive therapy for more than one year.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy Twice a week for six weeks for the left hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical/Occupational Therapy Guidelines

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

Decision rationale: Based on the California MTUS Chronic Pain Medical Treatment Guidelines, the request for continued physical medicine treatment for 12 additional sessions for the left hand would not be indicated. While the claimant continues to have subjective complaints of numbness and tingling with reflexive change, there is no indication of functional deficits or acute clinical strengthening issues that would benefit from formal occupational therapy. There is no documentation to determine what continuation of occupational therapy would achieve at this point based on the number of total sessions attended over the course of the past year and gains made thus far. There is no documentation to indicate that at this point in time the claimant would not be capable to transition to an aggressive home exercise program for continued reconditioning. Therefore, this request is not medically necessary.