MAXIMUS Federal Services

Case Number:	CM13-0016425		
Date Assigned:	06/06/2014	Date of Injury:	06/19/2012
Decision Date:	02/09/2015	UR Denial Date:	07/19/2013
Priority:	Standard	Application Received:	08/26/2013

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 Rehab 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:

This patient sustained an injury on 6/19/12. Request(s) under consideration include HAND THERAPY 2 TIMES PER WEEK FOR 12 WEEKS ON THE LEFT HAND. The patient had diagnoses of radial nerve injury to left upper arm s/p radial nerve grafting. Conservative care has included medications, therapy, and modified activities/rest. Report of 1/21/13 noted x-rays showing well-healed distal radius fracture with intact hardware; healed olecranon fracture of left elbow with joint in excellent position. Report of 7/10/13 from the provider noted the patient was doing well post nerve graft with exam findings of mild left hand edema; EIP, APB along with ADM with intact wrist and finger extension; increased radial nerve sensation with present of intact median and ulnar nerve distribution. The request(s) for HAND THERAPY 2 TIMES PER WEEK FOR 12 WEEKS ON THE LEFT HAND was non-certified on 7/19/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand therapy 2 times per week for 12 week on the left hand: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Elbow & Upper Arm Page(s): 6-7.

Decision rationale: This patient sustained an injury on 6/19/12. Request(s) under consideration include HAND THERAPY 2 TIMES PER WEEK FOR 12 WEEKS ON THE LEFT HAND. The patient had diagnoses of radial nerve injury to left upper arm s/p radial nerve grafting. Conservative care has included medications, therapy, and modified activities/rest. Report of 1/21/13 noted x-rays showing well-healed distal radius fracture with intact hardware; healed olecranon fracture of left elbow with joint in excellent position. Report of 7/10/13 from the provider noted the patient was doing well post nerve graft with exam findings of mild left hand edema; EIP, APB along with ADM with intact wrist and finger extension; increased radial nerve sensation with present of intact median and ulnar nerve distribution. The request(s) for HAND THERAPY 2 TIMES PER WEEK FOR 12 WEEKS ON THE LEFT HAND was non-certified on 7/19/13. Report of 2/25/13 from neuropsychologist noted patient had returned to school for about a month trying to concentrate and stay focus. Report of 5/1/13 noted the patient has had 12 sessions of PT to date with request for additional 18 visits modified for 12 sessions. It appears the patient had at least 24 authorized therapy sessions with excellent recovery and range per provider's reports. Submitted reports have not demonstrated the medical indication for an additional 24 OT visits with documented functional improvement and recovery to continue treatment outside the guidelines recommendations. The **HAND THERAPY 2 TIMES PER WEEK FOR 12 WEEKS ON THE LEFT HAND** is not medically necessary and appropriate.