

Case Number:	CM14-0181590		
Date Assigned:	11/06/2014	Date of Injury:	02/08/2012
Decision Date:	01/21/2015	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/31/2014

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 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:

The patient is a 28 year old male with the injury date of 02/08/12. Per 09/23/14 physician's report, the patient is taking Norco, Aspirin and Cyan cobalamin. Physical examination shows tenderness on palpation over left hand. The patient is not working. The lists of diagnoses are: 1) Brachial plexus injury, sequel 2) Radial nerve palsy, left Per 09/12/14 progress report, the patient has 2-year old s/p brachial plexus injury from an auto vehicle accident. Electromyography reveals "supination passive to 75 degrees, active to 25 degrees. Good supply passive extension of wrist and fingers/thumb." Per 08/11/14 progress report, the patient has completed 12 sessions of physical therapy for his left shoulder. The patient reports ongoing achiness throughout his left upper extremity and limitations in range and strength. The patient was informed that a tendon transfer was not certified on 07/09/14. The patient has left ankle surgeries on 02/09/12 and 08/21/13. The patient has ORIF, left clavicular fracture on 02/09/12. The treater requested additional 12 sessions of physical therapy. "The patient has been consistent with his home exercise program; however, has plateaued and been unable to progress his activities as a result." Per 06/23/14 progress report, "the patient struggled somewhat with his exercises for his left upper extremity and feels that he makes more progress through therapy." The utilization review determination being challenged is dated on 10/01/14. Treatment reports were provided from 06/17/14 to 09/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy 2s Wk x 20 Wks Left Hand: 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): 98, 99.

Decision rationale: The patient presents pain in his left hand and left upper extremity. The patient is s/p left ankle surgeries on 08/21/13. The request is for 40 sessions of occupational therapy for left hand. For non-post-operative therapy treatments MTUS guidelines page 98 and 99 allow 8-10 sessions for neuralgia, neuritis, and radiculitis, unspecified and 9-10 sessions for myalgia and myositis, unspecified. Per 08/11/14 progress report, "the patient has had 12 sessions of physical therapy to this date." None of the reports discuss how the patient has responded to treatments and what can be accomplished with additional therapy. The patient was informed that a tendon transfer was not certified on 07/09/14. There is no evidence this surgery was authorized or on schedule. If surgery were to take place, then post-op therapy would be needed. In the absence of a documentation related to the actual surgery, the current request for 40 combined with 8 already received would exceed what is recommended per MTUS guidelines. The request IS NOT medically necessary.