

Case Number:	CM15-0007439		
Date Assigned:	01/23/2015	Date of Injury:	04/14/2013
Decision Date:	03/20/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/13/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 49-year-old female with a reported injury on 04/14/2013. The injury reportedly occurred when the patient fell off of a ladder. Her other therapies have included medications, activity modification, and at least 20 sessions of postsurgical physical therapy. Her diagnostic studies have included an MRI of the cervical spine on 08/06/2013, an ultrasound examination of the brachial plexus on 04/21/2014, and electrodiagnostic studies of the left upper extremity on 06/14/2014. Her surgical history was noted to include a decompression of the left brachial plexus; internal neurolysis of the left upper, middle, and lower trunk of the brachial plexus; decompression of the left subclavian artery; and decompression of the left suprascapular and long thoracic nerves, including the C8 and T1 spinal nerves. The injured worker was evaluated on 12/02/2014 for a neurosurgical re-examination following a surgical decompression of the left brachial plexus on 08/08/2014. The injured worker had demonstrated a substantial improvement in regard to the strength and sensation of the left hand. The patient had received a course of occupational therapy. The injured worker reported her dizziness was under control with the initiation of Antivert 25 mg. Physical examination revealed strength of 4+/5 of the left finger flexors and intrinsic muscles of the hand. Sensory examination revealed a slight reduction of sensation to light touch, pinprick, and 2 point discrimination in the left 4th and 5th digits. Deep tendon reflexes were symmetrical. The gait was normal. The injured worker's surgical incision was well healed with no evidence of infection. There was evidence of muscle spasm of the left trapezius muscle. The clinician's treatment plan was for the patient to continue occupational therapy to improve the strength and endurance of the left hand and also to take

Norco 5/325 mg as needed for pain as tramadol was not helpful, and she was to continue Flexeril 5 mg at bedtime.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Hand Therapy - LEFT hand 2 x 6 weeks for strengthening and endurance:
Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The request for occupational hand therapy - left hand 2 x 6 weeks for strengthening and endurance is not medically necessary. Physical examination revealed minimal motor and sensory deficits. The California MTUS Post-surgical Treatment Guidelines recommend postsurgical physical medicine in the amount of 20 visits over 10 weeks with the postsurgical physical medicine period lasting 6 months. The injured worker has completed at least 20 visits of postsurgical physical therapy with minimal remaining functional deficit. There was no documentation of a home exercise program. When there is a request for significantly more therapy than typically recommended, there should be justification from the physician regarding why this is needed in excess of its typical amount recommended by the guidelines. There is currently no documentation from the physician as to why this therapy is needed and why a home exercise program would not be sufficient. As such, the requested service is not supported. Therefore, the request for occupational hand therapy - left hand 2 x 6 weeks for strengthening and endurance is not medically necessary.