

Case Number:	CM15-0133595		
Date Assigned:	07/21/2015	Date of Injury:	03/09/2010
Decision Date:	08/26/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/10/2015

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: Orthopedic Surgery, Hand Surgery, Sports Medicine

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 56 year old female, who sustained an industrial injury on March 9, 2010. Treatment to date has included EMG-NCV, vocational rehabilitation, modified work duties, medications and orthotics. Currently, the injured worker complains of continued neck and left arm pain. She reports that her left arm pain is predominating. She rates her pain with medications a 2 on a 10-point scale and a 5 on a 10-point scale without medications. On physical examination the injured worker had a normal cervical spine evaluation. Her left upper extremity revealed normal evaluations of the shoulder, elbow, wrist and upper arm. She had no crepitus or defects of the left upper extremity and had normal left upper extremity strength, bulk and tone. The diagnosis associated with the request is pain in the wrist and forearm. The treatment plan includes decompressive surgery with postoperative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

24 Post operative Hand Therapy Visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 21.

Decision rationale: This is a request for 24 post-surgical therapy sessions following decompression of the posterior interosseous nerve in the proximal forearm. This is an unusual surgery and there is no scientific evidence of efficacy of therapy following the surgery nor any specific mention of the surgery in the California MTUS guidelines. However, the guidelines include therapy following other nerve decompression procedures and after nerve that is more extensive repair surgery and those guidelines are reasonably applied. Following nerve repair the guidelines allow up to 20 visits over 6 weeks in a postsurgical physical medicine treatment period of 8 months (page 21). An initial course of therapy is half that number of visits-10. Additional therapy up to the maximum 20 visits would be appropriate if there were documented functional improvement (page 1) including improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment with the initial course of treatment.