

Case Number:	CM15-0023618		
Date Assigned:	02/13/2015	Date of Injury:	12/26/2008
Decision Date:	04/07/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/09/2015

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, Arizona
 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 64-year-old male who reported an injury on 12/26/2008. The mechanism of injury was due to repetitive motion. His relevant diagnoses include status post right carpal tunnel release, status post left carpal tunnel release, right ulnar neuritis, left ulnar neuritis, status post repeat left carpal tunnel release, status post left ulnar nerve release, postoperative infection of the left wrist, and status post repeat left carpal tunnel release and ulnar nerve transposition surgery. Other therapies were noted to include 4 visits of postoperative occupational therapy. Pertinent diagnostic studies included an unofficial electrodiagnostic study of the left elbow and wrist in 2010 which revealed ulnar nerve entrapment at the elbow and median nerve entrapment at the wrist. On 01/09/2015, the injured worker complained of left elbow pain aggravated with gripping, grasping, and squeezing with associated numbness in the left hand. The injured worker rated his pain scale at 5/10 to 6/10 with the use of medications and 9/10 without medications. The physical examination of the left upper extremity revealed significant tenderness over the incision scar along with decreased sensation in the left thumb, index finger, middle finger, and ring finger. The range of motion of the left elbow revealed flexion at 100 degrees and extension at -5 degrees. Her relevant medications were noted to include gabapentin and Norco. The treatment plan included 8 Sessions of occupational therapy 2 times a week for 4 weeks to the left elbow and left wrist. A rationale was not provided. A Request for Authorization form was submitted on 01/09/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Sessions of occupational therapy 2 times a week for 4 weeks to the left elbow and left wrist: Upheld

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

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

Decision rationale: The request for 8 Sessions of occupational therapy 2 times a week for 4 weeks to the left elbow and left wrist is not medically necessary. According to the CA MTUS guidelines, physical medicine may be recommended in the treatment of unspecified neuralgia, neuritis, and radiculitis at 8 to 10 visits over 4 weeks in order to promote functional improvement. The injured worker was indicated to have pain in the left upper extremity. It was also noted there was decreased sensation and decreased range of motion. However, motor strength was not performed upon examination or provided for review. In the absence of a complete physical examination, to include all functional deficits, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.