

Case Number:	CM14-0082898		
Date Assigned:	07/21/2014	Date of Injury:	04/30/2013
Decision Date:	09/22/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/04/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Ohio. 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 injured worker is a 46-year-old male who reported an injury on 04/30/2013 who, reportedly injured his left wrist and elbow after installing a heavy motor at work. The injured worker's treatment history included physical therapy sessions, EMG/NCV studies, surgery, and medications. On 04/24/2014, it was documented that the injured worker made good improvement with therapy. On 05/22/2014, the injured worker was evaluated, and it was documented that the injured worker complained of pain and weakness. He noted that therapy was helping. He had some left shoulder pain since beginning weight lifting and a therapist has been working with the shoulder as well. Physical examination showed a range of motion on the left flexion/abduction was 170 degrees. Elbow range of motion on the left: Extension was 0 degrees, flexion was 130 degrees, and pronation/supination was 80 degrees. Wrist range of motion on the left: Dorsiflexion was 50 degrees, and palmar flexion was 55 degrees. Thumb distance to the 5th metacarpal head 2 cm had full range of motion on the index through small finger, slight residual dorsal left wrist swelling. Diagnosis included ulnar impaction syndrome, causalgia of the left upper extremity, cubital tunnel syndrome on the left, S/Pl left carpal tunnel release, left wrist arthroscopy, and left wrist sprain. The Request for Authorization or rationale was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Additional Occupational Therapy for the Left Wrist/Hand 2 x 4 week: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy.

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

Decision rationale: The California MTUS Guidelines may support up to 10 visits of physical therapy for the treatment of unspecified myalgia and myositis to promote functional improvement. The documents submitted indicated the injured worker has had conservative care to include physical therapy and was improving. However, it was noted within the documentation the provider failed to indicate outcome measurements with home exercise regimen. The provider failed to indicate long-term functional goals and outcome measurements. Given the above, the request for 8 additional Occupational Therapy for the left wrist/hand 2 X4 week for is not medically necessary.