

Case Number:	CM15-0112775		
Date Assigned:	06/19/2015	Date of Injury:	02/27/2013
Decision Date:	07/17/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/11/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 52-year-old male, with a reported date of injury of 02/27/2013. The diagnoses include left carpal tunnel syndrome and left cubital tunnel syndrome. Treatments to date have included physical therapy; left carpal tunnel release on 07/08/21014; oral medications; and splint. The orthopedic re-evaluation dated 01/22/2015 indicates that the injured worker was status post left carpal tunnel release and left cubital tunnel syndrome. He presented for follow- up with continued numbness in the left ring and small fingers. The physical examination of the left wrist/hand showed mild contracture of the left ring and small fingers; full flexion of the left ring and small fingers; positive Tinel's at the medial elbow and positive elbow flexion test; negative Tinel's at the volar wrist and negative sunset; good gross alignment; full range of motion of the left hand; no major muscle deformities of the hand; negative grind test in the metacarpotrapezial joints; normal strength testing of the hand and wrist; and intact sensory. There was no documentation about the left shoulder. The treating plan included additional occupational therapy, and surgery for the left ulnar nerve submuscular transposition. The occupational therapy reports were not included in the medical records provided for review. The treating physician requested physical therapy for the left shoulder and occupational therapy for the left elbow/wrist/hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6-8 weeks for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Physical Therapy Guidelines ACOEM guidelines, page 114.

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

Decision rationale: The California MTUS and ACOEM do not specifically address the requested service. The ODG states MRI of the head is indicated to evaluate a prolonged interval of disturbance of consciousness, to define acute changes superimposed on chronic trauma/disease and to determine neurologic deficits not explained by CT. In this case the request is due to a possible traumatic head injury but the provided clinical documentation for review does not meet the criteria as outlined by the ODG and the request is not medically necessary.

Occupational therapy x16 sessions for the left elbow/wrist/hand: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Physical Therapy Guidelines ACOEM guidelines, page 114.

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

Decision rationale: The California MTUS and ACOEM do not specifically address the requested service. The ODG states MRI of the head is indicated to evaluate a prolonged interval of disturbance of consciousness, to define acute changes superimposed on chronic trauma/disease and to determine neurologic deficits not explained by CT. In this case the request is due to a possible traumatic head injury but the provided clinical documentation for review does not meet the criteria as outlined by the ODG and the request is not medically necessary.