

Case Number:	CM14-0154710		
Date Assigned:	09/24/2014	Date of Injury:	12/07/2012
Decision Date:	11/05/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/22/2014

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 Orthopedic Surgery and is licensed to practice in California. 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:

This 52-year-old male sustained an industrial injury on 12/7/12. The mechanism of injury was not documented. The patient underwent left carpal and radial tunnel releases on 2/8/14. The 4/22/14 treating physician report indicated the patient had completed 4 post-operative therapy sessions with on-going weakness. Grip strength was documented as 43 pounds on the left versus 110 pounds right. Grip strength was reported 48/46/66 pounds on the left as of 6/23/14. Records indicated the patient attended 10 post-op visits as of 7/24/14. The 8/26/14 treating physician report cited continued left hand/arm weakness and difficult with function, slowly improving. He improved in therapy with range of motion but continued to struggle with grip strength. Physical exam documented left elbow and wrist wounds well healed. There was full left elbow range of motion with mild lateral tenderness. Left wrist exam documented continued slight decrease in sensation to light touch. There was left hand stiffness and grip strength was 35.6 pounds left and 87.2 pounds right with no significant difference compared to prior visit. The 9/5/14 utilization review denied the request for additional postsurgical occupational therapy sessions as the post-surgical period had expired and there was no progressive strength gains noted with prior therapy to support additional therapy over a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Post Surgical Occupational Therapy Sessions to Left Elbow 3x4: 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): 9, 98-99, Postsurgical Treatment Guidelines Page(s): 15-18.

Decision rationale: California MTUS Post-Surgical Treatment Guidelines do not apply to this case as the 6-month post-surgical treatment period had expired. MTUS Chronic Pain Medical Treatment Guidelines would apply. The MTUS guidelines recommend therapies focused on the goal of functional restoration rather than merely the elimination of pain. The physical therapy guidelines state that patients are expected to continue active therapies at home as an extension of treatment and to maintain improvement. Guideline criteria have been met. There is no evidence that the patient has achieved objective functional gains and maintained grip strength with supervised therapy since 6/23/14. There is no compelling reason to support the medical necessity of additional supervised physical therapy over an independent home exercise program to achieve additional rehabilitation goals. Therefore, this request is not medically necessary.