

Case Number:	CM13-0006694		
Date Assigned:	03/07/2014	Date of Injury:	06/11/2011
Decision Date:	04/03/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	08/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 physician 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 is a 65 year-old male with a 6/11/11 industrial injury claim. According to the 7/10/13 report from [REDACTED], the patient presents 6-months post laminoplasty C3-7 and over a year and a half s/p ACDF C3-5. He is improving but still has some upper extremity burning. He completed PT and OT with a few remaining sessions, and is stable on medications. [REDACTED] requests 12 additional occupational therapy sessions for the hands.

IMR ISSUES, DECISIONS AND RATIONALES

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

OCCUPATIONAL THERAPY TO BILATERAL HANDS, QTY: 12: 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 patient presents with burning sensation in the upper extremities. He is just outside the 6-month post-surgical physical medicine treatment timeframe for a C3-C7 laminoplasty. He is reported to have upper extremity weakness with biceps, triceps and grip strength. MTUS does allow for 8-10 therapy sessions for various neuralgias and myalgias, but the request for OT x12 sessions exceeds the MTUS recommendations.

