

Case Number:	CM13-0006822		
Date Assigned:	12/11/2013	Date of Injury:	09/22/2000
Decision Date:	02/04/2014	UR Denial Date:	07/24/2013
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 Occupational Medicine 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:

The applicant has filed a claim for spinal stenosis and radiculopathy reportedly associated with an industrial injury of September 22, 2000. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the life of the claim; four sessions of physical therapy in 2012; three sessions of physical therapy in 2013; and apparent retirement from the workplace. A progress note of August 9, 2013 is notable for comments that the applicant is having pain in the neck. He is having difficulty gripping articles owing to his hands going numb. He is having difficulty holding onto a walker owing to limited grip strength. Right hand grip strength is scored at 0 pound with 5-pound strength appreciated by the left hand. Diminished cervical range of motion is noted along with diminished shoulder range of motion. The applicant is asked to obtain gloves, utensils, and a cervical pillow. An earlier note of July 2, 2013 is notable for comments that the applicant is having difficulty eating, has to have people feed him, is living in a boarding care facility, and needs occupational therapy adjustments in unspecified amounts.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational/physical therapy for the neck: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As noted on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, a general course of 8 to 10 sessions is recommended for radiculitis and/or neuralgias of various body parts. In this case, however, the attending provider did not clearly state how much therapy was being sought here. Since conditional or partial certifications are not possible through the independent medical review system, the request is wholly not certified. Due to the unclear nature of the request, the request for open ended physical therapy cannot be endorsed. Accordingly, the request is not certified.

Occupational therapy gloves: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention.

Decision rationale: As noted in the MTUS-adopted ACOEM guidelines in chapter 1, personal protective equipment such as gloves, boots, respirators, etc., can be employed in various context. In this case, the attending provider has seemingly suggested that the applicant is having difficulty performing gripping, grasping, and feeding himself. The attending provider and applicant believe that the provision of gloves will help to facilitate the same. This does represent appropriate usage of gloves in question. The request is certified.