

Case Number:	CM13-0011526		
Date Assigned:	06/06/2014	Date of Injury:	02/16/2007
Decision Date:	07/28/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/15/2013

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 Emergency 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 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 38 year-old female, who sustained an injury on February 16, 2007. The mechanism of injury occurred from repetitive work. Findings from an exam dated May 18, 2012, included complaints of pain to the neck, shoulders and mid back; with exam findings including reduced cervical range of motion. Diagnostics have included electrodiagnostic testing (results not noted). Treatments have included medications, physical therapy, chiropractic, myofascial retraining, acupuncture, massage therapy, cranio-sacral therapy. The current diagnoses are: complex regional pain syndrome, chronic neck pain, reflex sympathetic dystrophy both upper limbs, occipital neuropathy. The stated purpose of the request for 1 assessment by occupational therapist was to provide an assessment for use of adaptive equipment and energy conservation techniques. Per the report dated May 22, 2013, the treating physician noted the injured worker was improved after craniocervical therapy and was able to perform home exercises, was performing improved activities of daily living, working 15 hours per week, but complained of upper arm hyperesthesias and dyesthesias. A June 14, 2013 physical therapy report was referenced, noting completion of 22 physical therapy sessions and that the injured worker was working 20 hours per week. The request for 1 assessment by occupational therapist was denied on July 30, 2013, noting that the injured worker had completed 22 physical therapy sessions, and that the treating physical therapist had the training and knowledge to prescribe adaptive equipment and energy conservation techniques as necessary, and that an occupational therapist assessment was considered redundant.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Assessment By Occupational Therapist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

Decision rationale: The requested 1 Assessment By Occupational Therapist, is not medically necessary. The treating physician has documented improvement from craniosacral therapy. Per CA MTUS, ACOEM 2nd Edition, 2004, Chapter 11, Forearm-Wrist-Hand Complaints, Page 265, note the importance of instruction in proper exercise technique and a therapist can provide instruction and supervision of a transition to a dynamic home exercise program. The injured worker had completed 22 physical therapy sessions, providing ample opportunity for instruction and supervision of a transition to a dynamic home exercise program. Further, the treating physical therapist has the training and knowledge to prescribe adaptive equipment and energy conservation techniques. Based on the currently available information, 1 assessment by occupational therapist is not medically necessary.