

Case Number:	CM13-0020908		
Date Assigned:	12/27/2013	Date of Injury:	03/01/2006
Decision Date:	04/18/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/06/2013

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 Family Practice, 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 patient is a 55 year old female that reported an injury on 03/01/2006. The clinical note date 10/10/2013 gave subjective complaints of sensory loss in both median nerve distribution, the left greater than the right. The clinical record did not provide mechanism of injury, surgical history, therapy history, medications, conservative care that was either failed or successful, or the diagnostic testing that had been done for the injuries. The clinical note had no objective findings or an examination of the patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

OCCUPATIONAL THERAPY QTY 8: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: The MTUS Chronic Pain Guidelines state that active therapy is based on the philosophy that therapeutic exercise and or active are beneficial for restoring flexibility, strength, endurance, function and range of motion but it must be supervised by a therapist to complete a specific task or goal. MTUS Chronic Pain Guidelines allow for a fading of treatment frequency

(from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine with up to 10 sessions. The clinical record did not provide the mechanism of injury, surgical history, therapy history or the effectiveness of the therapy, or objective changes that would warrant additional therapy. This many years past the injury date the patient should be well versed in home exercises. Therefore the request is not medically necessary and appropriate.