MAXIMUS Federal Services

Case Number:	CM13-0040366		
Date Assigned:	06/06/2014	Date of Injury:	12/08/2006
Decision Date:	09/18/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	08/13/2013

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 Orthopedic Surgery, has a subspecialty in Orthopedic Sports Medicine, and is licensed to practice in Texas. 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 51-year-old male who sustained an injury to his right upper extremity on 12/08/06. The mechanism of injury was not documented. The records indicate that the injured worker sustained a left basal ganglia hemorrhage. He has spastic right-sided hemiplegia dysarthria. The clinical note dated 03/20/13 reported that the injured worker has been approved for physical therapy and occupational therapy and is currently undergoing treatment. The injured worker was also certified for a Botox injection. Physical examination noted well-healed scars in the right proximal lateral forearm; decent strength in the right lower extremity, at least 4-/5; gait antalgic; circumduction of gait noticed; he is no longer dragging his toe as much; minimal strength in the distal forearm. The injured worker was diagnosed with left basal ganglia hemorrhage from December of 2006 with spastic right hemiparesis and right foot drop, dysarthria, hypertension and significant spasticity of the right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2X8 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Phyisical medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) FOREARM, WRIST AND HAND CHAPTER, PHYSICAL/ OCCUPATIONAL THERAPY.

Decision rationale: The records indicate that the injured worker has already been approved for an unspecified amount of occupational therapy and physical therapy to address the over seven year old injuries. The Official Disability Guidelines (ODG) recommend up to 16 visits over 8 weeks for the diagnosed injuries with allowing for fading of treatment frequency (from up to 3 visits or more per week to 1 or less), plus the addition of active self-directed home physical therapy. There was no information provided that would indicate that the injured worker is actively participating in a home exercise program. There was no additional significant objective clinical information that supports the need to exceed the ODG recommendations, either in frequency or duration of physical therapy visits. Given the clinical documentation submitted for review, the request is not medically necessary.

HAND THERAPY 1-2 X 2 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Phyisical medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) FOREARM, WRIST AND HAND CHAPTER, PHYSICAL/ OCCUPATIONAL THERAPY.

Decision rationale: The records indicate that the injured worker has already been approved for an unspecified amount of occupational therapy and physical therapy to address the over seven year old injuries. The Official Disability Guidelines ODG recommends up to 16 visits over 8 weeks for the diagnosed injuries with allowing for fading of treatment frequency (from up to 3 visits or more per week to 1 or less), plus active self-directed home physical therapy. There was no information provided that would indicate that the injured worker is actively participating in a home exercise program. There was no additional significant objective clinical information that supports the need to exceed the ODG recommendations, either in frequency or duration of physical therapy visits. Given the clinical documentation submitted for review, the request is not medically necessary.