

Case Number:	CM13-0048047		
Date Assigned:	12/27/2013	Date of Injury:	06/04/2004
Decision Date:	02/26/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/04/2013

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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:

Patient is a 46 year old female with work injury 6/4/04. Her accepted injured body parts are: Upper back area, Shoulder (Right), Wrists (Both), Hand (Right). Her surgical history included: 2007- Status post ACDF C5-7; -11/27/12 ; Surgery- Right CTR; 06/04/13 Surgery- Left CTR. She is on Modified duty as of 11/01/13. Her 11/11/10 Cervical Spine X-rays showed status post ACDF C5-7. Most likely solid fusion at C5-6. Equivocal fusion at C6-7. TREATMENT REQUESTED: Item 1. Hand Therapy Re-Evaluation for P&S Report QTY: 1.00 -10/21/13 PR2 hand written; Subjective: Low back pain with sitting. Bilateral CTR Objective: Shoulder ROM good with some pain with IR at 30 degrees on right. Full elbow ROM/ forearm. wrist! hand. Positive Spurling's neck. Diagnosis: Bilateral CTR Low back pain. Neck pain. Treatment Plan: Start modified work on 11/01/13. Applied for medical retirement. Consider referral to ortho sports specialist. -10/21/13 / DWC RFA: Hand Testing for final P&S. at The Hand Center. Per documentation submitted . Injured worker was seen for OT x 5 sessions pre-op and then post-surgery she was seen for 7 of 8 visits from 7/16/13 to 8/27/13. Per documentation request is for a 1 time OT evaluation to re-measure ROM, grip strength, etc ... for P&S report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand Therapy Re-Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 9.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints and Functional Improvement Measures Page(s): 8,47.

Decision rationale: Hand Therapy Re-Evaluation is not medically necessary per MTUS guidelines. Documentation of functional improvement or measurements can be made in the treating physician's documentation and there is no need for a re evaluation by a hand therapist. Per MTUS guidelines "Objective measures of the patient's functional performance in the clinic (e.g., able to lift 10 lbs floor to waist x 5 repetitions) are preferred, but this may include self-report of functional tolerance and can document the patient self-assessment of functional status through the use of questionnaires, pain scales, etc (Oswestry, DASH, VAS, etc.)." Therefore, per MTUS guidelines, Hand therapy Re evaluation is not medically necessary.