

Case Number:	CM13-0056020		
Date Assigned:	12/30/2013	Date of Injury:	09/09/2009
Decision Date:	03/24/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	11/21/2013

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 Interventional Spine 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 patient is a 47-year-old male with the date of injury of 09/09/2009. The listed diagnosis per [REDACTED] dated 04/08/2013, is status post C5-C6 and C6-C7 cervical foraminotomies dated 04/08/2013. According to report dated 09/11/2013, patient presents with residual hypersensitivity to his left hand fingertips, mostly at the median nerve distribution. The right side also has some paresthesias at the thumb fingertip. Treater advises the patient to pursue daily swimming exercises as much as tolerated. He goes on to state that the patient may benefit from a course of occupational therapy to improve his finger dexterity in preparation of possible return to his previous job as aircraft mechanic and sheet metal specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for Occupational therapy for the hands 2 x 8: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The patient presents status post C5-C6 and C6-C7 cervical foraminotomies (04/08/2013). The treater requests occupational therapy 2 times 8 "to improve his finger dexterity in preparation of possible return to work." There are no physical therapy reports provided for review. This patient is out of the postsurgical time frame to qualify for any additional postoperative therapy. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia, myositis, and neuralgia type symptoms, 9 to 10 visits over 8 weeks. In this case, the patient may benefit from a short course of therapy to strengthen his hand and his fingers. However, the requested 16 sessions exceeds what is recommended by MTUS Guidelines.