MAXIMUS Federal Services

Case Number:	CM14-0008937		
Date Assigned:	02/14/2014	Date of Injury:	02/04/2010
Decision Date:	07/03/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/23/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 patient is a 39 Y/O female who is S/P C5-7 spinal cord injury (following cervical facet medial branch radiofrequency to treat her neck pain), S/P anterior cervical fusion. She is also diagnosed with brachial neuritis / radiculitis. She has pain and numbness in the right upper extremity that has been improved. However, there is no change in the patient's function and she continues to require help for ADLs. She has noticed increased spasticity with cold weather. On exam, she has right hemiparesis with decreased sensation in the left side (C6) consistent with Brown-Sequard Syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

OCCUPATIONAL THERAPY RIGHT UPPER EXTREMITY, EVALUATION AND TREATMENT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

Decision rationale: The clinical information is limited and there is no record of previous occupational therapy notes to demonstrate the patient's baseline or prior progress. Additionally,

there is no evidence of any recent flare ups or new events, contributing to the patient's impaired function. Furthermore, the patient's deficits are permanent and no significant improvement in the objective measurements can be anticipated with occupational therapy services due to nature of the spinal cord injury. Therefore, the medical necessity of the requested service cannot be established at this time.