

Case Number:	CM14-0031662		
Date Assigned:	06/20/2014	Date of Injury:	04/12/2013
Decision Date:	07/30/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/12/2014

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 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:

On hand therapy progress notes dated 10/15/2013, it is noted that the patient complained of morning stiffness and swelling sensation in the evening. Objective findings on exam revealed range of motion and strength was reassessed and clinic program was updated. The patient requires 70% verbal cues and manual guidance for home exercise program with putty for strengthening to increase strength to return to work. She tolerated updated clinic program well. There is increased strength noted revealing grip strength from 14 to 25 lbs, 6 to 8 lbs, and 4 to 5 lbs on the left. Grip strength on the right reveals 34 lbs, 18 lbs, and 10 lbs. She was instructed to continue with treatment. Prior utilization review dated 03/06/2014 states the request for 8 additional occupational therapy sessions two times a week for four weeks is not authorized as there was not enough substantial evidence of better short-term function in patients given therapy than in those given instructions for home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Additional Occupational Therapy Sessions two times a week for four weeks: Upheld

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

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

Decision rationale: Per ODG guidelines, Occupational therapy (OT) is recommended after surgery and amputation of the upper extremities. Guidelines allow for fading of treatment frequency plus active self-directed home exercise. More visits may be necessary when grip strength is a problem, even if range of motion is improved. In this case, the records indicate that total of 16 OT sessions have been authorized, of which the patient has attended 10. There is no mention of patient's attendance and/or any progress in the objective measurements in the rest 6 authorized visits. Therefore, the medical necessity of additional 8 OT visits is not considered medically necessary at this time.