MAXIMUS Federal Services

Case Number:	CM14-0042753		
Date Assigned:	06/30/2014	Date of Injury:	10/20/2011
Decision Date:	07/30/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/09/2014

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 Orthopaedic Surgery 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:

This 60-year-old male sustained an industrial injury on 10/20/11. The injury occurred when a cabinet fell, knocking him off a counter. He struck his neck and left shoulder on the wall, and landed on his left side. He sustained a left scaphoid fracture. The patient underwent a C4-7 fusion on 10/29/12, and left cubital tunnel and carpal tunnel releases on 2/21/13. A left shoulder rotator cuff repair was performed on 4/17/13. Records indicated that the patient had attended 39 occupational therapy visits as of 3/19/14. There was no clear documentation of functional benefit with treatment provided or residual functional loss. The 3/26/14 treating physician report indicated subjective findings of increased upper extremity strength. The physical exam documented muscle wasting in the hand intrinsic muscles without specificity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 6 occupational therapy treatments: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Postsurgical Treatment Guidelines.

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

Decision rationale: The California MTUS guidelines recommend therapies focused on the goal of functional restoration rather than merely the elimination of pain. The guidelines state that patients are expected to continue active therapies at home as an extension of treatment and to maintain improvement. There is no documentation of functional treatment goals for the requested occupational therapy. There is no functional assessment or specific functional deficit documented. Records indicate that the patient had completed 39 occupational therapy sessions as of 3/19/14. There is no compelling reason to support the medical necessity of additional supervised therapy over an independent home program. Therefore, this request for 6 additional occupational therapy treatments is not medically necessary.