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| Case Number: | CM14-0043893 | | |
| Date Assigned: | 07/02/2014 | Date of Injury: | 02/08/2012 |
| Decision Date: | 08/29/2014 | UR Denial Date: | 03/11/2014 |
| Priority: | Standard | Application Received: | 04/10/2014 |

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:

The injured worker is a 28-year-old male who reported an injury on 02/08/2012. The mechanism of injury was not stated. Current diagnoses include severe left brachial plexopathy, cervical vertebral fracture, status post cervical fusion in 2012, mild TBI, left axillary artery transection, status post ORIF of the left ankle in 2012, status post left ankle debridement in 2013, status post ORIF of the left clavicle fracture in 2012, fracture of the ribs at 5-7, bilateral fibular fractures, left ACL and MCL rupture, pulmonary contusion, cardiac contusion, laceration of the left jaw, laceration of the left occiput, and cellulitis of the left lower extremity. The latest physician's progress report submitted for this review is documented on 02/21/2014, it is noted that the injured worker has been engaged in a self-directed exercise program. The injured worker noted residual pain in the left knee and ankle. Physical examination revealed limited wrist extension on the left. Treatment recommendations at that time included continuation of the home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

16 Occupational therapy visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial in restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. There is no specific body part listed in the current request. The request is not medically necessary.