

Case Number:	CM14-0086908		
Date Assigned:	07/23/2014	Date of Injury:	08/01/2007
Decision Date:	09/17/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/10/2014

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 & 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 30-year-old male with a date of injury on August 1, 2007. It was indicated that a conveyor belt accidentally crushed his left hand. In an evaluation report dated July 17, 2014, the injured worker presented with complaints of left shoulder discomfort, as well as right hand numbness and tingling sensation. An examination of the left upper extremity revealed residual scarring and atrophy with findings of radial neuropathy. Tenderness was present over the supraspinatus muscles and the range of motion of the left shoulder was limited due to pain. The right wrist examination revealed positive for Tinel's, Phalen's sign, and median nerve compression test with sensory loss in the median nerve root distribution. He was diagnosed with (a) near amputation and degloving injury of the left upper extremity, (i) severe traumatic radial neuropathy, (ii) severe left wrist and hand ankylosis and contracture, (iii) status post tendon reconstruction with revisions, (iv) status post open reduction internal fixation of the left radius and ulnar bones, and (v) post traumatic scarring contracture of the left upper extremity; (b) posttraumatic stress disorder; (c) major depressive disorder; (d) sleep disorder; (e) compensatory right upper extremity overuse, (i) right carpal tunnel syndrome; and (f) left shoulder impingement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy 1x week x8 weeks left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine. Decision based on Non-MTUS Citation Official Disabilities guidelines.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines for occupational therapy hold the same recommendations as those for physical medicine which recommends home exercise and fading of the frequency of skilled treatments. Home exercise allows the injured worker to maintain the gains already achieved in supervised care. The medical records received and reviewed have limited information to support the necessity for occupational therapy at a frequency of once a week for eight weeks. It was indicated in the medical records that the injured worker had previous occupational therapy sessions to the same body part, however, there is lack of documentation with regard to the number of the previous sessions he has had and his responses to the treatment sessions (functional improvement) provided, as well as other treatment plan adjunct to the requested therapy or any plan to advance the patient to a home exercise program. With that, the medical necessity for occupational therapy session is not established.