

Case Number:	CM14-0135576		
Date Assigned:	08/29/2014	Date of Injury:	06/01/2003
Decision Date:	09/30/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/22/2014

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 Occupational 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 claimant was injured on 06/01/03. Occupational therapy for both hands for 12 additional postop sessions is under review. She is status post cervical fusion in 2010 and instrument removal and bilateral cervical foraminotomy in January 2014. The number of PT visits that she has attended is unknown. She had a postop evaluation on 04/24/14. Her strength was still relatively decreased. Her grip strength was mildly decreased. She had mild decreased strength elsewhere in the upper extremities. 12 visits of physical therapy were ordered. On 07/22/14, she complained of left greater than right cervical and periscapular discomfort and stiffness. Physical therapy was helping and she wanted to continue it. She has a history of carpal tunnel syndrome and reported difficulty opening doors and pushing and pulling. Her strength was mildly decreased at the deltoid and biceps and moderately decreased in the intrinsic. There was tenderness about the neck and shoulders. She complained of radiating pain in the left arm with improved numbness and tingling. She had been working on strengthening and active range of motion. She reported continued difficulty with bilateral upper extremity weakness. On 07/24/14, she reported that manual dexterity had been slow to return after her surgery. She related this to weakness in her hands and fingers. No significant difference in her strength is noted when comparing her strength on 04/24/14 to that on 07/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy for both hands, 2 times a week for 6 weeks, QTY: 12 sessions:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: The history and documentation do not objectively support the request for additional OT for the upper extremities at this time. The MTUS state "displacement of cervical intervertebral disc (ICD9 722.0): Postsurgical treatment (discectomy/laminectomy): 16 visits over 8 weeks, (fusion, after graft maturity): 24 visits over 16 weeks. Postsurgical physical medicine treatment period: 6 months." The claimant has attended postop PT for an unknown number of visits and it appears that her pain is better. She reports weakness but there is little improvement in her strength recorded in the notes from 04/24/14 to 07/22/14. There is also no evidence that she remains unable to continue and complete her rehab and her strengthening with an independent HEP. There is no indication that continuation of supervised exercises is likely to provide her with significant or sustained benefit that she cannot achieve on her own. The medical necessity of this request has not been clearly demonstrated.