

Case Number:	CM14-0143892		
Date Assigned:	09/12/2014	Date of Injury:	03/02/2012
Decision Date:	10/14/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/05/2014

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, has a subspecialty in Pain Management, 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 claimant has a date of injury of 3/2/12. A utilization review determination dated 8/18/14 recommends non-certification of Occupational Therapy (OT). Treatment has included 24 sessions of Physical Therapy (PT) and 32 sessions of OT to date. The medical report from 6/11/14 identifies decreased pain and increased range of motion (ROM) with therapy. The injured worker continues to complain of weakness. On exam, there is tenderness, weakness, and slight positive Tinel's. Additional OT was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy 2 x 6 to the left hand: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99 of 127.

Decision rationale: Regarding the request for occupational therapy, the California MTUS supports up to 10 sessions of therapy for most musculoskeletal conditions, and up to 24 for CRPS (complex regional pain syndrome). Guidelines state that "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to

maintain improvement levels." Within the records available for review, there is documentation of completion of extensive prior PT and OT sessions, but there is no documentation of remaining deficits that cannot be addressed within the context of an independent home exercise program yet are expected to improve with formal, supervised therapy. Furthermore, the request well exceeds the amount of therapy recommended by the MTUS. In light of the above issues, the currently requested occupational therapy is not medically necessary.