

Case Number:	CM14-0163912		
Date Assigned:	10/08/2014	Date of Injury:	01/27/2014
Decision Date:	11/07/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/06/2014

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:

This injured worker is a 44 year old male with a reported injury of 01/27/2014. The mechanism of injury was a fall. His diagnoses included quadriplegia secondary to spinal cord injury, history of DVT/pulmonary embolism, status post spinal surgery. His injuries included C4 and C7 fractures status post ACDF at C4-6 and posterior decompression at C3-T1 on 01/31/2014. The previous treatments included 13 sessions of physical therapy, 15 sessions of occupational therapy, medication, and surgery. Within the clinical note dated 09/16/2014, he reported did not yet has returned function in his right hand compared to his left hand. He reports he needed assistance with dressing, bathing, toileting, bed mobility, transfers, eating, and grooming. He was noted to have continued decreased active range of motion and strength in the right upper extremity which was nonfunctional. Upon the physical examination the provider noted the injured worker to have full range of motion bilaterally; sensation was intact to light touch bilaterally in the upper extremities. The treatment plan was to continue occupational therapy. The request was for 8 Occupational Therapy Visits and no documentation for the rationale of the request. No Request for Authorization form was included in the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Occupational Therapy Visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Medicine, Physical therapy

Decision rationale: The request for 8 occupational therapy sessions is not medically necessary. The California MTUS Guidelines recommend active therapy as indicated for restoring flexibility, strength, endurance, function, range of motion, and to alleviate discomfort. Patients are expected to continue active therapies at home. The Official Disability Guidelines allow 8 visits over 10 weeks for fracture of the vertebral column with spinal cord injury. The number of therapy sessions that this injured worker had received already exceeded the recommendations in the guidelines. There is lack of significant documentation indicating the injured worker had functional improvement with the previous sessions. The request submitted failed to provide a treatment site. The guidelines do not support any further therapy sessions. Therefore, this request for 8 occupational therapy sessions is not medically necessary.