

Case Number:	CM14-0145419		
Date Assigned:	09/29/2014	Date of Injury:	12/01/2012
Decision Date:	11/21/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/08/2014

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 61-year-old female who reported an injury of unspecified mechanism on 12/01/2012. On 07/30/2014, her diagnoses included status post tendon arthroplasty of the right thumb. Her complaints included minimal pain of the right thumb, but a very weak grip. The recommendation was for an additional 12 visits of occupational therapy. It was noted that she had completed 24 visits of occupational visits between 05/01/2014 and 08/14/2014. There was no rationale or Request for Authorization included in the injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy two (2) times six (6): Upheld

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

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

Decision rationale: The California MTUS Guidelines recommends active therapy as indicated for restoring flexibility, strength, endurance, function, and range of motion and to alleviate discomfort. Patients are expected to continue active therapies at home. The Physical Medicine Guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less),

plus active self-directed home Physical Medicine. The recommended schedule for Myalgia and myositis, unspecified is 9-10 visits over 8 weeks. The 24 visits already attended by the injured worker exceed the recommendations in the guidelines. There were no objective data submitted regarding functional gains with the therapy previously provided. There was no indication that the injured worker was participating in a home exercise program. The clinical information submitted failed to meet the evidence based guidelines for continued therapy. Therefore, this request for occupational therapy two (2) times six (6) is not medically necessary.