

<b>Case Number:</b>	CM13-0050561		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/01/1995
<b>Decision Date:</b>	04/28/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2013

### 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 Interventional Spine 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 patient is a 44 year old female with date of injury 10/1/95. The treating physician report dated 9/26/13 indicates that the patient has pain affecting the lumbar spine, leg, shoulder and ankle. The current diagnoses are: 1.Lumbago 2.Cervicalgia 3.Myofascial pain syndrome 4.Ankle pain, joint The utilization review report dated 10/29/13 denied the request for occupational therapy right ankle 12 visits based on the rationale that the treating physician requested physical therapy 2x6.

### 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 A WEEK FOR SIX (6) WEEKS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Occupational therapy (OT),Physical Medicine, Page(s): 75,98.

**Decision rationale:** The patient presents with right ankle pain 6/10 following stepping off of a curb. The patient previously had right ankle surgery on 10/12/96 with removal of hardware on 6/3/97. The treating physician report dated 9/26/13 has no physical examination findings

regarding the ankles except "overall: knees, ankles and feet stable." The MTUS guidelines state that for occupational therapy see physical medicine guidelines. MTUS supports occupational therapy 9-10 visits for myalgia and myositis. The treating physician has not documented any rationale for OT treatment above the recommendations allowed in the MTUS guidelines. Recommendation is for denial.