

Case Number:	CM14-0000841		
Date Assigned:	01/22/2014	Date of Injury:	04/08/2013
Decision Date:	07/07/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	01/02/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 is a 34-year-old woman who sustained a work related injury on April 8 2013. Subsequently, she developed sharp throbbing and pinching pain on her neck. According to a progress note dated August 15, 2013 the pain radiates to her shoulder left greater than right. The patient has weakness of arms left greater than right. She has numbness of index finger and thumb right greater than left. Her pain is worse with movement. Of all of her pain is the hand and wrist pains are worse than the neck and shoulder pains. The patient has tried Naproxen 550 mg with no relief and icy hot patches and Tramadol 50 mg with moderate improvement. No x-rays or MRI have been done of the neck. The patient was diagnosed with sprain of the neck, myofascial pain and tendinitis. The records indicate that the patient has received 10 prior occupational therapy sessions and additionally 21 physical therapy sessions. There is no clear and objective documentation of prior occupational therapy. The patient was diagnosed with neck sprain, tendinitis, myofacial pain and depression. Her provider requested authorization for 4 weeks of occupational therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

OCCUPATIONAL THERAPY TWO TIMES PER WEEK FOR FOUR WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8-99.

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

Decision rationale: According to MTUS guidelines, Physical Medicine is Recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007). The patient developed neck sprain associated to tendinitis and myofascial pain for which he was treated with 21 sessions of physical therapy and 10 sessions of occupational therapy. There is no documentation of the outcome of previous occupational therapy and the rationale for additional sessions is not clear. Additional documentation of objective improvement in pain and function need to be provided with previous occupational therapy need to be provided. Therefore, the request for additional Occupational Therapy Two Times Per Week For Four Weeks is not medically necessary.