

Case Number:	CM14-0037289		
Date Assigned:	07/23/2014	Date of Injury:	11/05/2013
Decision Date:	08/29/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/10/2014

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 31 year-old patient sustained an injury on 11/5/13 while employed by [REDACTED]. Request(s) under consideration include occupational therapy 2x per week for 3 weeks for the right forearm. Diagnoses include wrist tendonitis; neck muscle spasm; elbow lateral epicondylitis; and plantar fasciitis. Conservative care has included occupational therapy x 8 visits; cortisone injection, medications, modified activities, and braces. Report of 2/3/14 from the provider noted the patient with neck, arm and shoulder complaints associated with numbness and tingling. The patient has relief from the cortisone injection, OT, ibuprofen, and braces. Exam showed right trapezius tenderness with spasm; positive Spurling's on right with positive Tinel's and Phalen's; motor strength and DTRs were normal; without neurological deficits. Treatment plan included Medrol Dosepak, ice/heat, stretching, modified duties, wrist brace, tennis elbow brace and finish occupational therapy. Request(s) for Occupational therapy 2x per week for 3 weeks for the right forearm was non-certified on 3/4/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy 2x per week mfor 3 weeks for the right forearm: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 595.

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

Decision rationale: Submitted reports have no acute flare-up or specific physical limitations to support for physical therapy. Therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. There is unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. It is unclear how many OT (occupational therapy) sessions the patient has received or what functional outcome was benefited if any. The Chronic Pain Guidelines allow for 9-10 visits of therapy with fading of treatment to an independent self-directed home program. It appears the patient has received prior sessions of OT without clear specific functional improvement in ADLs (activities of daily living), work status, or decrease in medication and utilization without change in neurological compromise or red-flag findings to support further treatment. Therefore, Occupational therapy 2x per week for 3 weeks for the right forearm is not medically necessary and appropriate.