

Case Number:	CM14-0038162		
Date Assigned:	07/28/2014	Date of Injury:	08/26/2013
Decision Date:	08/29/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	04/01/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back, neck, and bilateral upper extremity pain reportedly associated with industrial injury of August 26, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical and occupational therapy over the life of the claim; and transfer of care to and from to and various providers in various specialties. In a utilization review report dated February 25, 2014, the claims administrator denied a request for 18 total visits of occupational therapy, including various modalities such as taping, therapeutic exercise, muscle tolerance testing, paraffin bath, iontophoresis, hot and cold packs, etc. The applicant's attorney subsequently appealed. On February 5, 2014, the applicant presented with persistent complaints of wrist pain. The applicant stated that an earlier wrist injection had not been successful in alleviating her pain complaints. Wrist MRI imaging of January 15, 2014 was read as negative. Mildly decreased range of motion and discomfort were noted about the wrist, secondary to pain. Additional physical therapy/occupational therapy and a rather proscriptive 10 pound lifting limitation were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy evaluation and treatment 2-3 times a week for 4-6 weeks 18 total visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines - Low Back - Physical therapy.

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

Decision rationale: It is further noted that both pages 98 and 99 of MTUS Chronic Pain Medical Treatment Guidelines emphasized active therapy, active modalities, self-directed home physical medicine, and tapering the frequency of treatment over time. The original request, thus, as written, runs counter to MTUS parameters and principle. No rationale for treatment this far in excess of MTUS parameters was proffered. Therefore, the request for Occupational therapy evaluation and treatment 2-3 times a week for 4-6 weeks 18 total visits is not medically necessary.