

Case Number:	CM14-0061140		
Date Assigned:	07/09/2014	Date of Injury:	05/01/2008
Decision Date:	09/08/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	05/02/2014

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 Anesthesiology, has a subspecialty in Pain Management, 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 47-year-old female who has submitted a claim for cervical pain, elbow pain, s/p right lateral epicondylitis surgery, shoulder pain, associated with an industrial injury date of May 1, 2008. Medical records from 2013 through 2014 were reviewed. The latest progress report, dated February 27, 2014, showed chronic progressive pain in her right shoulder, right elbow, and right hand. The pain was associated with numbness and tingling in the right arm, and weakness in the right arm and right hand. The pain was constant in frequency and moderate in intensity. The pain was graded as 4/10, but as 3/10 at its best and 5-6/10 at its worst. The pain was sharp and was aggravated by gripping, lifting and carrying items. Physical examination revealed a restricted cervical spine range of motion. There was tenderness noted at the paracervical muscles. Spurling's maneuver produced no pain in the neck musculature or radicular symptoms in the arm. Trigger point with radiating pain and twitch response on right trapezius muscle was noted. The right shoulder revealed no swelling, deformity, joint asymmetry or atrophy. Hawkins test was positive. Neer test was positive. There was tenderness noted in the subdeltoid bursa. There was no limitation in right elbow range of motion. Treatment to date has included right lateral epicondylitis surgery (October 31, 2013), acupuncture therapy, chiropractic therapy, 22 visits of occupational therapy, and medications. Utilization review from April 4, 2014 denied the request for occupational therapy 2x/week x 4weeks for right upper extremity because the patient was noted to have completed 22 visits to date which exceeded the recommended twelve visits. Exceptional factors would be needed to warrant further physical therapy. There was lack of documented exceptional factors and objective functional gains.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy for right upper extremity, twice weekly for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In addition, 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. In this case, the patient completed 22 sessions of physical therapy. However, there is no further discussion on functional outcomes derived from previous physical therapy. Furthermore, there was no specified indication for additional sessions of physical therapy. Therefore, the request for Occupational therapy for right upper extremity, twice weekly for four weeks, is not medically necessary.