

<b>Case Number:</b>	CM13-0023306		
<b>Date Assigned:</b>	11/15/2013	<b>Date of Injury:</b>	04/12/2012
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	09/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/13/2013

### 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 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 elbow and forearm pain reportedly associated with an industrial injury of April 12, 2012. In a Utilization Review Report dated September 3, 2013, the request for six sessions of occupational therapy for the forearm was denied. The Utilization Review invoked progress notes of April 24, 2013, July 29, 2013, and August 14, 2013 in its denial. The applicant's attorney subsequently appealed. The applicant did undergo right shoulder arthroscopy with repair of superior labral tear, debridement of partial rotator cuff tear, bursectomy, and subacromial decompression surgery on January 16, 2014. On February 27, 2013, the applicant reported ongoing complaints of elbow and forearm pain. The applicant did have comorbid issues with hypothyroidism, it was acknowledged. Flector patches, acupuncture, topical hot and cold packs, an elbow sleeve, and work restrictions were endorsed. It was suggested (but not clearly stated) that the applicant was working with limitations in place. On April 24, 2013, the applicant was reportedly working on a part-time basis, four hours a day; it was acknowledged, owing to ongoing complaints of elbow, upper extremities, and shoulder pain. On July 29, 2013, the applicant reported ongoing complaints of shoulder and upper extremity pain. The applicant was placed off of work, on total temporary disability, owing to the same. The applicant was asked to continue elbow and wrist bracing along with unspecified medications. It was stated that the applicant's pain complaints was a result of cumulative trauma at work. On August 14, 2013, it was acknowledged that the applicant was no longer working as a probation officer. Six sessions of occupational therapy was sought. On September 9, 2013, additional occupational therapy was sought while the applicant was placed off of work, on total temporary disability. It was stated that whatever improvement the applicant had previously obtained were short-lived at best.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Occupational Therapy (2) Times a Week for (3) 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 Physical Medicine; Functional Restoration Approach to Chronic Pain Management Page(s): 98; 8.

**Decision rationale:** While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 9 to 10 sessions of treatment for myalgias and myositis of various body parts, the diagnosis reportedly present here, this recommendation, however, is qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant is off of work, on total temporary disability. The applicant remains dependent on TENS unit, acupuncture, and other forms of medical treatment. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite extensive prior occupational therapy over 2013 and 2014. Therefore, the request for additional occupational therapy is not medically necessary.