

<b>Case Number:</b>	CM15-0002663		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	02/17/2006
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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] beneficiary who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of February 17, 2006. In a Utilization Review Report dated December 31, 2014, the claims administrator failed to approve a request for eight sessions of occupational therapy. The claims administrator noted that the applicant had undergone a carpal tunnel release surgery in 2008, a left shoulder surgery in 2008, a left carpal tunnel release surgery in 2009, right shoulder surgery in 2009, cervical spine surgery in 2012, a trigger finger release surgery in 2012, and a repeat right carpal tunnel release surgery in 2012. The claims administrator referenced a progress note dated December 12, 2014 in its determination. The applicant's attorney subsequently appealed. On October 17, 2014, the applicant reported ongoing complaints of hand, wrist, and upper extremity pain. The applicant reportedly had residual cubital tunnel syndrome and carpal tunnel syndrome bilaterally. A shoulder MRI was apparently sought. The applicant's work status was not detailed. On September 19, 2014, the applicant received an elbow corticosteroid injection. In a November 13, 2014 progress note, the applicant's primary treating provider acknowledged that the applicant was no longer working. Vicodin was renewed. The applicant was apparently using medical marijuana for glaucoma. On December 15, 2014, the applicant was again placed off of work, on total temporary disability, while physical therapy/occupational therapy was endorsed for multifocal complaints of neck, arm, wrist, hand, and shoulder pain. Norco was renewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OT 2x a week for 4 weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic; Functional Restoration Approach to Chronic Pain Management section..

**Decision rationale:** No, request for eight sessions of occupational therapy is not medically necessary, medically appropriate, or indicated here. 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, this recommendation is, however, qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, the applicant was/is off of work. The applicant remains dependent on various analgesic medications, including Norco and medical marijuana. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite completion of unspecified prior amounts of occupational therapy over the course of the claim. Therefore, the request for additional occupational therapy is not medically necessary.