

<b>Case Number:</b>	CM15-0105409		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	09/24/2007
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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: California, Indiana, New York  
Certification(s)/Specialty: Internal 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 injured worker is a 60 year old female, who sustained an industrial injury on 9/24/07. The injured worker has complaints of neck pain with radiation to the bilateral shoulders, worse on the left than right. The documentation noted on examination that there is moderate discomfort on palpation in the midcervical spine and there is diminished light touch in the left forearm and first, second and third digits and left biceps reflex is absent. The diagnoses have included cervical stenosis with radiculopathy and myelopathy. Treatment to date has included magnetic resonance imaging (MRI) of the cervical spine revealed C4-C5 moderate central spine stenosis and there is moderate to severe bilateral foraminal narrowing, at C5-C6 there is mild bilateral foraminal narrowing and there is spondylolisthesis with kyphotic angulation of C5-C6. The request was for occupational therapy one time a week for six weeks, left upper extremity quantity 6.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational therapy one time a week for six weeks, Left upper extremity Qty: 6:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, occupational therapy one time per week times six weeks to the left upper extremity #6 visits is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured workers relevant working diagnoses are left lateral epicondylitis; left basal joint degenerative traumatic arthritis; left carpal tunnel syndrome; left on their neuritis Guyon's canal; status post left carpal total release, tenosynovectomy, ulnar nerve release Guyon's canal; status post left ulnar nerve the exploration Guyon's canal, major neurolysis; cervical disk degenerative disease, status post epidural injections times #4; and status post left basal joint interpositional arthroplasty, excision of trapezium. See the medical record for the right upper extremity diagnoses. Subjectively, according to a March 12, 2015 progress note, the injured worker has bilateral hand and arm pain with tingling and pain in the thumbs. Objectively, there are no physical/objective findings documented in the record. According to a progress note dated February 6, 2014, the treating provider received authorization for eight occupational therapy visits: "the final course". The total number of occupational therapy visits to date are not documented in the medical record. There is no documentation of objective functional improvement with prior occupational therapy visits. The utilization review states the injured worker has been authorized for a cervical discectomy and fusion to be followed by physical therapy, which should help improve strength in the left upper extremity. Consequently, absent compelling clinical documentation along with language in the February 6, 2014 progress note referencing "the final course" of occupational therapy, previous occupational therapy progress notes with evidence of objective functional improvement and compelling clinical facts indicating additional occupational therapy is warranted, occupational therapy one time per week times six weeks to the left upper extremity #6 visits is not medically necessary.