

Case Number:	CM15-0160960		
Date Assigned:	08/27/2015	Date of Injury:	03/26/2012
Decision Date:	09/30/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/17/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 56-year-old female, who sustained an industrial injury on 3-26-12. The injured worker has complaints of neck pain. The documentation noted increasing neck, central and bilateral cervical paraspinal pain with all cervical spine range of motion. The diagnoses have included central canal stenosis; cervical myelopathy; cervical herniated disc C5-C6, C6-C7 and lumbar herniated nucleus pulposus and facet arthropathy, L4-L5. Treatment to date has included cervical spine X-ray on 3-9-15 showed stable postsurgical changes of C3-4 through C6-7 anterior cervical discectomy and fusion (ACDF) and anterior plate-screw fixation; C3-C7 anterior cervical discectomy and fusion (ACDF) surgery on 2-4-14; lumbar magnetic resonance imaging (MRI) on 11-11-14 showed significant L4-5 herniated disc and facet arthropathy; prilosec; norco and meloxicam. The request was for 12 occupational therapy sessions to the right hand and wrist, 2 times a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 occupational therapy sessions to the right hand and wrist, 2 times a week for 6 weeks:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

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

Decision rationale: The patient presents with pain in the neck radiating to both arms and worse on the left shoulder, lower back radiating down to the left leg, bilateral shoulder, RIGHT hand and left ankle pain. The request is for 12 OCCUPATIONAL THERAPY SESSIONS TO THE RIGHT HAND AND WRIST, 2 TIMES A WEEK FOR 6 WEEKS. The request for authorization is dated 07/15/15. The patient is status post ACDF from C3-C7, date unspecified. Physical examination of the RIGHT hand reveals intact skin. There was full range of motion in all planes. Neurovascular status was intact distally. Grip strength was 5/5. The patient is taking Norco that she states does not really help her pain and it is making her nauseous. She also takes Naprosyn which helps her pain. MTUS, Physical Medicine Section, pages 98, 99 states: "Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Per progress report dated 07/01/15, treater's reason for the request is "as there is decreased function and persistent pain." Given the patient's condition, a short course of Occupational Therapy would be indicated. Review of provided medical records show no evidence of prior Occupational Therapy sessions. However, the request for 12 sessions of Occupational Therapy would exceed what is recommended by MTUS for non post-op conditions. Therefore, the request IS NOT medically necessary.