

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0186542 |                              |            |
| <b>Date Assigned:</b> | 09/28/2015   | <b>Date of Injury:</b>       | 07/16/2001 |
| <b>Decision Date:</b> | 11/16/2015   | <b>UR Denial Date:</b>       | 09/01/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/22/2015 |

### 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, New York, 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 60-year-old who has filed a claim for chronic mid back pain, paraplegia, and adjustment disorder reportedly associated with an industrial injury of July 16, 2001. In a Utilization Review report dated September 1, 2015, the claims administrator failed to approve a request for four sessions of occupational therapy plus three additional follow-up visits. The claims administrator contended that the claimant had completed six weeks in occupational therapy treatments. The claims administrator did apparently issue a partial approval, it was stated in one section of the note. An August 28, 2015 RFA form and an associated July 21, 2015 progress note were referenced in the determination. The applicant's attorney subsequently appealed. The claimant had apparently received physical and/or occupational therapy on multiple dates interspersed throughout June 2015, including June 10, 2015, June 11, 2015, June 12, 2015, June 15, 2015, June 13, 2015, June 16, 2015, June 17, 2015, June 18, 2015, June 19, 2015, June 20, 2015 and June 22, 2015. On August 19, 2015, the claimant's podiatrist reported that the claimant was wheelchair bound. Ingrown toenails were apparently resected. The claimant was asked to follow up on a monthly basis to obtain nail trimmings. An occupational therapy progress note dated June 27, 2015 was notable for commentary to the effect that the claimant had received stretching, soft tissue mobilization, and myofascial release modalities in the clinic. The claimant exhibited diminished shoulder range of motion throughout. The claimant was described as having deficits in terms of sitting, standing, transferring, and the like. These were not elaborated upon, however. On August 24, 2015, the claimant underwent an intrathecal pain pump reprogramming. On a July 26, 2015 RFA form, 12 to 36 sessions of occupational therapy were endorsed to treat issues with shoulder pain and generalized body pain complaints.

On a handwritten note dated July 21, 2015, the claimant reported ongoing issues with paraplegia, neurogenic bowel, and neurogenic bladder status post earlier spinal cord injury. The claimant was on Norco, Celebrex, Cymbalta, Provigil, it was acknowledged. The note was difficult to follow, handwritten, and not altogether legible. Additional occupational therapy for pressure mapping purposes was seemingly endorsed. The note was somewhat difficult to follow. The claimant's work status was not outlined, although it did not appear the claimant was working.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Occupational evaluation for pressure mapping, plus 3 additional follow up visits, paraplegia; right shoulder pain:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Physical Medicine.

**Decision rationale:** No, the request for an occupational evaluation for pressure-mapping for three additional occupational therapy follow-up visits for paraplegia and shoulder pain was not medically necessary, medically appropriate, or indicated here. The claimant had seemingly had extensive prior occupational therapy treatment in June 2015 alone, seemingly in excess of the 8-10 session course suggested on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for neuralgia and neuritis of various body parts, i.e., the diagnosis reportedly present here. This recommendation is further 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 treatment program in order to justify continued treatment and by commentary made in the MTUS Guideline in ACOEM Chapter 3, page 48 to the effect an attending provider should furnish a prescription for therapy which clearly states treatment goals. Here, the July 21, 2015 office visit was thinly and sparsely developed, handwritten, difficult to follow, not altogether legible. The nature of the request was not clearly described, characterized, and/or expounded upon. It was not stated how further occupational therapy could advance the claimant's functional status. It appears, moreover, the claimant had effectively plateaued following receipt of extensive prior occupational therapy and/or physical therapy. The claimant was still using a walker, it was acknowledged on July 21, 2015. The claimant will remain dependent on a variety of opioid and non-opioid agents to include Norco, Duragesic, Cymbalta, etc., the treating provider reported on July 21, 2015. All of the foregoing, taken together, suggested that claimant had, in fact, plateaued in terms of functional improvement measures established in MTUS 9792.20e following receipt of earlier unspecified amounts of occupational therapy over the course of the claim. Therefore, the request was not medically necessary.