

Case Number:	CM15-0187428		
Date Assigned:	09/29/2015	Date of Injury:	04/06/2015
Decision Date:	11/09/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/23/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 50 year old female, who sustained an industrial injury on 4-6-2015. The injured worker is undergoing treatment for: left elbow, left arm, and left forearm, status post electrical shock of left upper extremity. On 8-5-15, she reported "constant tingling and throbbing in her left upper extremity with loss of strength". She rated her pain 9 out of 10. She also indicated she was having heart palpitations, difficulty breathing and nausea. Objective findings revealed cranial nerves intact and normal responses, blood pressure 160 over 90, left arm decreased muscle strength. The records indicate she has had at least 6 physical therapy sessions however it is unclear regarding the efficacy of this treatment method. The treatment and diagnostic testing to date has included: multiple physical therapy sessions, emergency room treatment (4-6-15). Medications have included: Zofran, acetaminophen, Nabumetone, Orphenadrine citrate ER. Current work status: off work. The request for authorization is for: occupational therapy 2 times a week for 6 weeks for the left shoulder quantity 12. The UR dated 8-31-2015: modified approval of occupational therapy 2 times a week for 6 weeks for the left shoulder quantity 4.

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 times 6 weeks for the left shoulder/arm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), physical therapy.

Decision rationale: The claimant sustained a work injury in April 2015 and is being treated for left upper extremity pain after injury due to an electric shock. She was referred for 6 sessions of physical therapy in April 2015. She was seen for an initial evaluation by the requesting provider on 08/18/15. The physical therapy had not been provided. Her injury occurred when she touched a metal bar with a reported 30 second electrical exposure. She had left arm pain with weakness, numbness and tingling, and skin mottling. There was mild left upper extremity weakness with minimal hyperalgesia. There was mottling of the left volar forearm. Diagnoses referenced include a spinal cord injury or peripheral nerve injury. Occupational therapy was requested. In terms of physical therapy for nonspecific neuralgia, neuritis, or radiculitis, guidelines recommend up to 8-10 treatment sessions over 4 weeks. In this case, the number of initial visits requested is in excess of that recommended or what might be needed to determine whether continued physical therapy was necessary or likely to be effective. The request is not considered medically necessary.