

Case Number:	CM15-0196164		
Date Assigned:	10/20/2015	Date of Injury:	04/23/2014
Decision Date:	12/08/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/06/2015

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: Pennsylvania, Ohio, 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 55 year old female, who sustained an industrial injury on 4-23-2014. The injured worker was being treated for disc herniation at C5-6 level, impingement syndrome of the right shoulder, right elbow lateral epicondylitis, right wrist carpal tunnel syndrome, and triggering of the left thumb. Medical records (8-17-2015) indicate the injured worker reported pain of the neck radiating to the shoulder, with numbness and tingling of the right thumb, index finger, and long finger. The injured worker also reported right shoulder pain and weakness, right elbow pain, and left thumb triggering. The physical exam (8-17-2015) reveals tenderness and spasm along the bilateral trapezius muscles, full cervical range of motion, and a positive right neurogenic compression test. There is tenderness to palpation over the anterior aspect of the right shoulder, full range of motion, and supraspinatus and deltoid motor strength is 4+ out of 5. There is a normal carrying angle of the right elbow, tenderness to palpation of the lateral epicondyle, full range of motion of the elbow, and normal motor strength. There is tenderness to palpation over the volar aspect of the right wrist with some swelling, tenderness and swelling at the A1 pulley of the left wrist, and triggering of the left thumb. The right grip strength was 20-20-20 and the left grip was 30-30-20. There is full range of motion of the right upper extremity, decreased sensation to light touch of the right thumb, index finger, and long finger. The MRI of the cervical spine dated 11-20-2014 stated there was significant kyphosis at C4-5, central canal narrowing at C4-5 with a 4 mm broad-based disc bulge and additional annular tear, and compression of the cervical cord at C4-5 should be considered. There was central canal stenosis of C2-3, C3-4, C5- 6, and C6-7 with 3 mm broad-based disc bulges and mild compression of the cervical cord. Per the treating physician (8-17-2015 report), x-rays of the cervical spine revealed

loss of cervical lordosis with advanced degenerative disc disease at the C5-6 level; x-rays of the right shoulder and elbow revealed soft tissue swelling, and x-rays of the left hand revealed no progression of any degenerative changes. Treatment has included at least 10 sessions of physical therapy, transcutaneous electrical nerve stimulation (TENS), work restrictions, and muscle relaxant medication. Per the treating physician (8-17-2015 report), the injured worker is to remain temporary partially disabled. The requested treatments included occupational therapy and productivity enhancement program (Group therapeutic procedures x 12) (██████████, group x 48). On 9-22-2015, the original utilization review non-certified requests for occupational therapy and productivity enhancement program (Group therapeutic procedures x 12) (██████████, group x 48).

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: MTUS encourages physical or occupational therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.

Productivity enhancement program (Group therapeutic procedures x 12) (██████████, group x 48): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs (functional restoration programs).

Decision rationale: MTUS does not define or discuss the concept or term "productivity enhancement program." Neither the medical records in this case nor other guidelines including ACOEM or ODG discuss this term. Therefore, no guideline can be identified or applied in order to evaluate this request. The request is not medically necessary.

