

<b>Case Number:</b>	CM15-0197489		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	10/17/2014
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2015

### 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 44-year-old who has filed a claim for chronic wrist and forearm pain reportedly associated with an industrial injury of October 17, 2014. In a Utilization Review report dated September 23, 2015, the claims administrator failed to approve a request for 6 sessions of occupational therapy for the elbow. The claims administrator contended that the applicant had had at least 18 sessions of treatment authorized through the date of the request, including 10 recent treatments in late 2015. The claims administrator referenced a September 9, 2015 RFA form and an associated August 28, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On a work status report dated August 26, 2015, 6 sessions of occupational therapy were sought. The claimant was given an extremely proscriptive 2-pound lifting limitation. It did not appear that the claimant was working with said limitation in place, although this did not appear to be the case. On an earlier work status report dated July 27, 2015, the same, unchanged, rather proscriptive 2-pound lifting limitation was again imposed. Once again, it was not explicitly stated whether the applicant was or was not working with said limitation in place, although this did not appear to be the case. On July 23, 2015, the treating provider stated that the applicant could not cut, grab, or use the hand. The applicant was reportedly unable to perform activities around the home owing to ongoing complaints of forearm pain. The same, unchanged, 2-pound lifting limitation was imposed while 8-10 sessions of physical therapy were sought.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Occupational Therapy, once a week for six weeks, for the left forearm and wrist DOS: 8/28/2015: 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): Introduction, Physical Medicine.

**Decision rationale:** No, the request for 6 sessions of occupational therapy for the wrist and forearm was not medically necessary, medically appropriate, or indicated here. The applicant had had prior treatment (18 sessions, per the claims administrator), seemingly well in excess of the 9- to 10-session course suggested on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, 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 at various milestones in the treatment program are needed to justify continued treatment and by commentary made in the MTUS Guideline in ACOEM Chapter 3, page 48 to the effect that the value of physical therapy increases with a prescription for treatment which clearly states treatment goals. Here, the August 26, 2015 work status report was thinly and sparsely developed, handwritten, and did not clearly state treatment goals. The fact that a rather proscriptive 2-pound lifting limitation was renewed, seemingly unchanged from visit to visit, moreover, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of extensive prior physical and/or occupational therapy through the date of the request, as did the treating provider's commentary on June 23, 2015 to the effect that the applicant could not perform activities of daily living as basic as grabbing, cutting, and/or performing household chores around the home. Therefore, the request was not medically necessary.