

Case Number:	CM15-0207367		
Date Assigned:	10/26/2015	Date of Injury:	09/18/2014
Decision Date:	12/11/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/21/2015

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 52-year-old who has filed a claim for complex regional pain syndrome (CRPS) reportedly associated with an industrial injury of September 18, 2014. In a utilization review report dated September 21, 2015, the claims administrator failed to approve a request for 12 sessions of occupational therapy for the shoulder. The claims administrator referenced a September 11, 2015 office visit in its determination. The claims administrator contended that the applicant had received 50 sessions of physical therapy following an open reduction and internal fixation of an arm fracture on an unspecified date. The claims administrator referenced the MTUS Chronic Pain Medical Treatment Guidelines in its determination. The applicant's attorney subsequently appealed. On August 28, 2015, the applicant was placed off work, on total temporary disability owing to ongoing complaints of arm pain. The applicant was asked to continue previously prescribed medications. On September 2, 2015, the applicant reported ongoing issues with arm pain, numbness, tingling, and paresthesias. The applicant's medication list included Norco, Neurontin, Hysingla, Cymbalta, insulin, metformin, Invokana, allopurinol, Lipitor, Restoril, Zyrtec, aspirin, Prilosec, Dulcolax, and meclizine, it was reported. The applicant was asked to consider a spinal cord stimulator implantation. On September 11, 2015, the applicant was given prescriptions for Norco and Neurontin. Once again, the applicant was placed off work, on total temporary disability. Additional occupational therapy was sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of occupational therapy, 2 x 6, right shoulder: 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 12 sessions of occupational therapy for the shoulder was not medically necessary, medically appropriate, or indicated here. The applicant had already had prior treatment (50 sessions, per the claims administrator), seemingly in excess of the 24-session course suggested on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for reflex sympathetic dystrophy, 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 the treatment program in order to justify continued treatment. Here, however, the applicant remained significantly impaired insofar as the injured hand and shoulder were concerned as of September 11, 2015, the treating provider reported. The applicant was placed off work, on total temporary disability, on said September 11, 2015 office visit. The applicant remained dependent on opioid agents such as Norco, the treating provider acknowledged, despite receipt of earlier extensive amounts of occupational and/or physical therapy over the course of the claim. Therefore, the request for 12 additional sessions of occupational therapy was not medically necessary.