

Case Number:	CM15-0210858		
Date Assigned:	10/29/2015	Date of Injury:	05/07/2013
Decision Date:	12/18/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	10/27/2015

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 31-year-old who has filed a claim for chronic elbow and shoulder pain reportedly associated with an industrial injury of May 7, 2013. In a Utilization Review report dated October 20, 2015, the claims administrator failed to approve a request for 12 sessions of occupational therapy for the elbow. The claims administrator referenced an October 12, 2015 office visit and an associated October 13, 2015 RFA form in its determination. The claims administrator contended that the applicant was over a year removed from earlier elbow surgery. The applicant's attorney subsequently appealed. On said October 12, 2015 office visit, the applicant reported ongoing issues with elbow pain. The note was handwritten, difficult to follow, and not altogether legible. The applicant had undergone earlier elbow surgery at an unspecified point in time, the treating provider reported. The applicant was on naproxen and Flexeril for pain relief. Work restrictions were endorsed. The applicant was given a rather proscriptive limitation of "right hand work only." It was not clearly stated whether the applicant was or was not working with said limitation in place, although this did not appear to be the case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy, twice a week for six weeks: Upheld

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

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 12 additional sessions of occupational therapy was not medically necessary, medically appropriate, or indicated here. The applicant, per the claims administrator's October 20, 2015 UR report, was outside of the 6-month postsurgical physical medicine treatment period established in MTUS 9792.24.3 following earlier elbow surgery some 1 month prior. The MTUS Chronic Pain Medical Treatment Guidelines were/are therefore applicable. The 12-session course of occupational therapy at issue, however, in and of itself, represented treatment in excess of the 8- to 10-session course suggested on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for neuralgias and neuritis of various body parts, i.e., the diagnoses reportedly present here. This recommendation is, moreover, 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 and by commentary made in the MTUS Guideline in ACOEM Chapter 3, page 48 to the effect that the value of physical therapy and/or physical methods increases with a prescription for the same which "clearly states treatment goals." Here, however, it did not appear that the applicant was working on October 12, 2015 with a rather proscriptive "right hand work only" limitation in place. The applicant remained dependent on analgesic medications to include naproxen and Flexeril, the treating provider reported on that date. It did not appear, in short, that the applicant had profited in terms of the functional improvement measures established in MTUS 9792.20e, following receipt of earlier occupational therapy in unspecified amounts over the course of the claim. The attending provider's handwritten October 12, 2015 office visit, moreover, was thinly and sparsely developed. Clear treatment goals were neither stated nor formulated. It was not clearly established how (or if) the applicant could stand to gain from further treatment, going forward. Therefore, the request is not medically necessary.