MAXIMUS Federal Services

Case Number:	CM15-0220091		
Date Assigned:	11/13/2015	Date of Injury:	05/12/2014
Decision Date:	12/22/2015	UR Denial Date:	10/17/2015
Priority:	Standard	Application Received:	11/09/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 injured worker is a 56-year-old male, who sustained an industrial injury on May 12, 2014, incurring neck, upper back, right wrist and extremity injuries. He was diagnosed with cervical stenosis, thoracic and lumbar radiculopathy, carpal tunnel syndrome, shoulder impingement syndrome, right wrist fracture, and bilateral knee internal derangement. Treatment included pain medications, proton pump inhibitor, antidepressants, physical therapy, and activity restrictions. Currently, the injured worker complained of intermittent moderate to severe neck, upper limb, right shoulder and bilateral feet pain. His pain was aggravated with prolonged standing and overhead activities. He noted decreased and limited range of motion of the spine and extremities. The pain interfered with daily activities of living including self-care and mobility. He was underwent psychotherapy for the chronic pain. The treatment plan that was requested for authorization included occupational therapy driver prep program. On October 17, 2015, a request for an occupational therapy driver prep program was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy driver prep program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The American Occupation Therapy

Association, Driving Evaluation by and OccupationalTherapist,http://www.aota.org/practice/productive-aging/driving/clients/evaluate/eval-by-ot.apsx and on the Non-MTUS The American Occupation Therapy Association, Practitioner Toolkit: The Role of OT in Driving Rehab, http://www.aota.org/practice/productive-aging/driving/practitioners.aspx.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.aota.org/practice/productive- aging/driving/practitioners.aspx.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, occupational therapy driver's preparation program is not medically necessary. The National Highway Traffic Safety Administration (NHTSA) recognizes that seniors are at risk due to age-related and medical conditions that can result in impairments, which may affect safe mobility. While NHTSA acknowledges the contribution occupational therapy practitioners make to older issues, they also understand there are not sufficient practitioners or programs to respond to and meet the emerging driving-related needs of seniors. In recognition of the professional and programmatic capacity issues, NHTSA has funded this project to identify the barriers to developing and sustaining driving/community mobility programs and subsequently create a resource toolkit to facilitate program development. See more at: http://www.aota.org/practice/productive-aging/driving/practitioners.aspx#sthash.lcGPOS3Q.dpuf. In this case, the injured worker's working diagnoses are cervical stenosis, thoracic and lumbar radiculopathy, carpal tunnel syndrome, shoulder impingement syndrome, right wrist fracture, bilateral knee internal derangement, and PTSD, major depressive disorder. Date of injury is May 12, 2014. Request for authorization is July 27, 2015. According to a July 2, 2015 progress note, you can work with a 56-year-old man with moderate to severe neck pain and bilateral feet pain. There is pain in the upper limbs. A psychologist is rendering treatment. Medications include Lexapro, Norco and tramadol. Objectively, there is tenderness over the cervical paraspinal muscle groups with positive impingement and bilateral shoulders and decreased range of motion at the shoulders. The injured worker has ongoing pain and pain appears to be increasing. There is no documentation in the medical record as to how this type of program is likely to benefit the injured worker. There is no documentation of job-related activities, job type or employment. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and documentation indicating how this type of program is likely to benefit the worker, occupational therapy driver's preparation program is not medically necessary.