

<b>Case Number:</b>	CM15-0081644		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	09/24/2013
<b>Decision Date:</b>	06/02/2015	<b>UR Denial Date:</b>	04/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 47 year old male with an industrial injury dated 09/24/2013. His diagnoses included neck pain, headache and paresthesia/numbness. Prior treatments include occupational therapy and medications. He presents on 04/13/2015 with complaints of neck pain and headaches. Physical exam noted he was oriented to person place and time. Speech and words were clear. Treatment plan included an increase in occupational therapy and medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational therapy 6 hours per day for 5 days per week for 1-2 months: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant sustained a work injury in September 2013 and continues to be treated for neck pain and headaches. When seen, he had been BMI of over 37. He reported

examination was otherwise normal. Medications were prescribed. Recommendations included occupational therapy six hours per day and there is reference to a functional capacity evaluation within a couple of months. Prior treatments had included participation in over 50 occupational therapy treatment sessions since November 2014. In this case, the number of skilled therapy treatments already provided is grossly excessive. The additional therapy treatments being requested does not reflect a fading of treatment frequency. The request is neither medically necessary nor appropriate.