

Case Number:	CM14-0182245		
Date Assigned:	11/07/2014	Date of Injury:	02/13/2014
Decision Date:	12/12/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	11/03/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 43 year old male with an injury date of 02/13/14. Based on the 07/31/14 progress report by [REDACTED], the patient complains of mild pain and discomfort to the right forearm. The patient also feels tightness in upper shoulder. The patient has myalgias, but no joint swelling. He completed 11 sessions of physical therapy visits. His diagnosis is right elbow pain. [REDACTED] is requesting for occupational therapy session 2X6. The utilization review determination being challenged is dated 10/08/14. [REDACTED] is the requesting provider, and he provided treatment reports from 03/28/14-07/31/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy, 2 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 595-596, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: This patient presents with pain and discomfort of right forearm. The request is for occupational therapy sessions 2X6. According to the reports, the patient completed 11 sessions of physical therapy visits with overall improvement. The MTUS guidelines pages 98 and 99 states that for myalgia and myositis, 9-10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. The review of the reports does not show rationale for the physician's current request for additional therapy. There is no explanation as to why the patient needs more therapy and why the patient cannot be transitioned into a home exercise program. Furthermore, the request of additional 12 sessions exceeds what is allowed per MTUS. As such, the request is not medically necessary.