

Case Number:	CM15-0011250		
Date Assigned:	01/29/2015	Date of Injury:	01/19/2012
Decision Date:	03/25/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/21/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 57 year old female sustained a work related injury on 01/19/2012. According to a progress report dated 12/15/2014, the provider noted to continue with home exercise program. The progress report was mostly illegible. According to an orthopedic report dated 12/05/2014, the injured worker complained of pain in her right shoulder that radiated to her arm down to her elbow, forearm, wrist, hand, thumb and fingers and had become slightly less than when she was previously seen because she stopped working. Range of motion in the right shoulder was a little better than previously. She took Ultram as needed, did physical therapy, stretching exercises, used a TENS unit and ice packs to help alleviate her symptoms. She continued to suffer from sleep difficulty, depression, stress, anxiety and anxiety attacks. She reported pain in her right elbow, forearm, wrist, hand, fingers and thumb and that the pain had become slightly better than previously. Right hip pain was noted and was less than previously. She reported that she was unable to do her hobbies and outdoor activities such as swimming, bowling and swing dance. She had difficulty with zipping a dress, at times brushing and styling her hair, vacuuming and laundry. On 01/06/2015, Utilization Review non-certified Occupational Therapy 2 x 6 weeks right wrist. According to the Utilization Review physician, the injured worker has had sufficient therapy to have established an ongoing independent home exercise program. There should be no further need for supervised physical therapy. Guidelines cited for this request included the Official Disability Guidelines/Occupational Therapy Guidelines. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy (OT) 2 x 6 weeks- Right Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines: Occupational Therapy Guidelines

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

Decision rationale: The patient was injured on 01/19/12 and presents with pain in her right shoulder that radiated to her arm down to her elbow, forearm, wrist, hand, thumb and fingers. The request is for OCCUPATIONAL THERAPY (OT) 2 X 6 WEEKS RIGHT WRIST. There is no RFA provided and the patient is to remain off of work. The utilization review denial letter states that the patient has had 12 visits of occupational therapy from 10/21/14 to 12/29/14. MTUS page 98 and 99 has the following: Physical Medicine: Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS Guidelines page 98 and 99 states that for myalgia and myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. Review of the reports provided does not indicate if the patient had a recent surgery. The patient has already completed 12 sessions of therapy and there is no discussion provided on how these sessions impacted the patient's pain and function. There is no indication as to why the patient is not able to establish a home exercise program to manage pain. Furthermore, the requested 12 additional sessions of physical therapy exceeds what is allowed by MTUS Guidelines. The requested physical therapy IS NOT medically necessary.