

Case Number:	CM15-0173925		
Date Assigned:	09/15/2015	Date of Injury:	01/16/2007
Decision Date:	10/22/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	09/03/2015

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, Hawaii

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:

The injured worker is a 52-year-old male who sustained an industrial injury on January 16, 2007. A permanent and stationary report dated September 09, 2015 reported the plan of care stating, "No need for future medical care at this time"; "there is no need for vocational rehabilitation at this time." A progress note from primary visit dated August 06, 2015 reported the worker as status post-local advancement flap closure repair abdominal wall deficit and overall doing well, getting dressing changed every other day. The following diagnoses were applied: status post abdominal wall scarring removal and excision advancement flap reconstruction. The plan of care noted: may shower in about five days and follow up in four weeks. A primary treating office visit dated April 21, 2015 reported chief subjective complaint of low back pain. The following diagnoses were applied: chronic back pain; decompression and fusion, lumbar spine; disc arthroplasty; abdominal wound; right rotator cuff reconstruction. The plan of care noted weight loss program, pain management, abdominal wound surgical revision and follow up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy (visits) Qty: 8.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The patient presents with low pain, buttock, neck, and bilateral shoulder pain. The current request is for OT (visits) quantity 8. The treatment report making the request was not made available. Occupational therapy reports were not provided for review. The MTUS guidelines state that for occupational therapy see physical medicine guidelines. MTUS supports occupational therapy 8-10 visits for myalgia and neuritis. The physician does not discuss the rationale for OT treatment. However, the 07/22/2015 (43B) exam shows diffused numbness over the right forearm to the right hand, all fingers. The patient states that this is chronic/constant. While the physician does not document the rationale for the request, a short course of occupational therapy is appropriate given the patient's symptoms. The current request is medically necessary.