

Case Number:	CM15-0179700		
Date Assigned:	09/21/2015	Date of Injury:	12/30/2013
Decision Date:	10/23/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/11/2015

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 44 year old male, who sustained an industrial injury on December 30, 2013. Medical records indicate that the injured worker is undergoing treatment for right upper extremity trauma, status-post right transforaminal humeral amputation, right arm phantom pain, left wrist pain from overuse, lumbalgia, depression, opioid dependence and panic attack disorder. The injured worker is temporarily totally disabled. Current documentation dated August 19, 2015 notes that the injured worker reported his pain has increased since the prior visit. The injured workers right upper extremity phantom pain was rated on average, 3-4 out of 10 and his low back pain was rated 2 out of 10 on the visual analogue scale. The low back pain was described as non-radiating constant pain that was pinching. The low back pain was worse with bending and better with medications and physical therapy. The injured worker noted that he is able to drive longer, work around the house and able to get out of bed since receiving mirror and neuropathic therapy. The injured worker also noted his phantom pain has decreased and the use of his prosthetic device has improved since receiving both therapies. Treatment and evaluation to date has included medications, biofeedback, physical therapy and occupational therapy (completed sessions unspecified). Current medications include Norco, Ibuprofen, Lyrica, Gabapentin, Lidocaine gel, Cymbalta and Nortriptyline. Current requested treatments include a request for occupational therapy, twice weekly for the right upper extremity. The Utilization Review documentation dated August 26, 2015 non-certified the request for occupational therapy, twice weekly for the right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy, twice weekly, right upper extremity QTY: 8: Upheld

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

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 December 2013 as the result of attraction injury resulting in the amputation of his right arm above the elbow. His postoperative course was complicated by difficulty with pain control. On 07/08/15 he had just started a trial of mirror therapy. On 07/23/15 he was feeling the benefit of treatments. He had been able to decrease use of Norco. On 08/19/15 he had worsening pain after denial of further therapy treatment sessions. Physical examination findings included residual limb coldness with minimal tenderness. There was mild midline lumbar and bilateral paraspinal tenderness with positive facet loading. Authorization for an additional eight therapy treatment sessions is being requested. The claimant is being treated for chronic pain with no new injury. In terms of therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the claimant has recently had therapy with benefit. The number of treatments being requested is in excess of that recommended or what might be needed to finalize an independent home exercise program. The request is not considered medically necessary.