

<b>Case Number:</b>	CM15-0027719		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	06/15/2010
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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:

The injured worker is a 29 year old female who sustained a work related injury June 15, 2010, described as cumulative trauma, due to repetitive work as a cashier. According to a primary treating physician's progress report, dated September 2, 2014, the injured worker presented for a follow-up visit complaining of left upper extremity pain that has increased by 10% since the last visit and right upper extremity pain that has remained the same. Current medications include Flexeril, ibuprofen and Norco. Diagnoses included occipital neuropathy/neuralgia; musculotendinoligamentous injury C/S; disc bulging with radiculopathy C/S; chronic pain and disability with delayed recovery; right wrist derangement; right shoulder impingement syndrome; right elbow medial and lateral epicondylitis. Treatment plan included request for trigger point injection, renew medications and referral to Occupational Therapist. According to utilization review dated January 22, 2015, the request for Occupational Therapy x 12 Sessions for the Cervical Spine has been modified to Occupational Therapy (4) Sessions certified, citing MTUS Chronic Pain Medical Treatment Guidelines-Physical Medicine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational Therapy 12 sessions for Cervical Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

**Decision rationale:** Only one medical reports is provided for review dated 09/02/14. Per the report the patient presents with left upper extremity pain that has increased by 10% since the last visit and right upper extremity pain that has remained the same. The current request is for occupational therapy 12 sessions for the cervical spine per the 09/02/14 report and 09/18/14 RFA. The 01/22/15 utilization review modified this request for 12 sessions to 4 sessions. The patient is working. MTUS pages 98, 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. There is no evidence the patient is within a post-operative treatment period or that the patient received prior physical therapy for the cervical spine. The treater does not discuss this request in the sole report provided and does not explain why physical therapy is needed at this time. The patient is diagnosed with chronic pain, cervical bulging disc and cervical radiculopathy, and increasing upper extremity pain and may benefit from a course or therapy; however, the requested 12 sessions exceed what is allowed by guidelines. The request IS NOT medically necessary.