

<b>Case Number:</b>	CM13-0019563		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	06/06/2012
<b>Decision Date:</b>	02/24/2014	<b>UR Denial Date:</b>	08/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management, has a subspecialty in Disability Evaluation 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 physician 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 49-year-old female who was injured on 6/6/2012. The patient states that she was walking forward holding her arms to the back of herself pulling a 300 pound beverage cart through carpet, when the cart broke in half. She tried to hold the cart up and in doing so she felt a pulling sensation in her right and left leg. The patient reported the injury and was sent to an industrial injury clinic. The patient was seen by the company doctor in June of 2012. She was prescribed pain medication and administered two cortisone shots to her right shoulder. X-rays of her right shoulder and left knee were obtained as well as an MRI of her right shoulder. The patient returned to work with modified work duty of no lifting more than 10 pounds. On 7/31/2013, she was declared permanent and stationary and released back to work with work restrictions of no lifting over 30 pounds. Conservative therapy visits were provided and completed with 12 sessions. The patient complains of constant moderate to severe pain in the right shoulder. The pain is aggravated by reaching back, raising the arm and laying on it. The patient also complains of is aggravated by walking up steps. Also in the permanent and stationary report by [REDACTED] dated 07/31/13, it was stated that the patient was lifting a table and fell, and 10/18/12 was her first visit when she was complaining of bilateral shoulder pain, right elbow pain and low back pain. During the course of treatment, the low back pain resolved. She also had two corticosteroid injections in the right elbow and these resolved her pain. Injections were on 11/12/12 and 03/06/13. She was continued on physical therapy but her left knee pain persisted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational therapy x6 visits for the right elbow: Upheld**

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

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

**Decision rationale:** CA-MTUS (Effective July 18, 2009) section on Physical Medicine, Page 99 allows for fading of treatment (from up to 3 visits per week to 1 or less), plus active self-directed home Physician Medicine. This patient has had over 12 sessions of Occupational Therapy treatment without improvement to the right elbow. It is not likely she will benefit from continued physical or occupational therapy, having reached a plateau. Therefore, the request for occupational therapy is not medically necessary.