MAXIMUS Federal Services

Case Number:	CM13-0036891		
Date Assigned:	12/13/2013	Date of Injury:	12/20/2004
Decision Date:	06/04/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/21/2013

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 Orthopedic Surgery and is licensed to practice in Texas. 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 female [redacted] who reported an injury on 12/20/2004. There were no clinical records submitted for review. All information was obtained from previous determination letters. The patient has completed 24 sessions of therapy to date but continues to have right shoulder pain. Range of motion values of the right shoulder include: 150 degrees of forward flexion, 30 degrees of external rotation, and 90 degrees of abduction. It appears that the patient is anticipating left shoulder surgery. There was no other information provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy Three Times A Week For Four Weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 104. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter.

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

Decision rationale: The California MTUS/ACOEM Guidelines recommend physical therapy to restore flexibility, strength, endurance, function, range of motion, and to alleviate discomfort. For unspecified myalgia and myositis, guidelines recommend 9 to 10 visits with extension of

therapy dependent upon provision of objective documentation of functional improvement. As there were no clinical or therapy records submitted for review and the provided range of motion values do not show any significant remaining deficit to the right shoulder, there is no indication that additional therapy is needed at this time. As such, the request for occupational therapy 3 times a week for 4 weeks is not medically necessary.