

Case Number:	CM13-0048455		
Date Assigned:	12/27/2013	Date of Injury:	06/13/2013
Decision Date:	04/25/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/06/2013

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. The expert reviewer is Board Certified in Internal Medicine, 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 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/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 claimant presents with a date of injury of 6/13/13, mechanism of injury is repetitive motion. The patient is an injured worker with diagnoses of degenerative arthritis of cervical, cervical disc pathology, shoulder sprain and strain. The orthopedic consultation report dated 9/12/13 by [REDACTED] documented past physical therapy and chiropractic visits. Patient stated that the physical therapy was helpful. Treatment included chiropractic sessions 10-12 times, which the patient reported the last four treatments may have resulted in a flare up. The patient was found to have ongoing pain and was failing conservative treatments. Physical examination documented the following: for the cervical spine, range of motion, right bending is 20 degrees, left bending is 20 degrees, right rotation is 30 degrees, and extension is 30 degrees and flexion is 35 degrees. Compressions test was negative. There is palpatory tenderness. Left shoulder is tender. Shoulder: bilateral shoulders are examined. Active range of motion is to 80 degrees on the left and 120 degrees on the right for abduction and flexion. With passive assist, this can be increased to 150 degrees on the right and 130 degrees on the left. Internal and external rotation is essentially with normal limits other than slowly with guarding. Neurological: grip strength on the right is 5/30/30/25/25 and on the left is 5/20/30/20/15, submaximal effort is apparent. Motor strength testing is 5/5 except for shoulder flexors where there is give way weakness on both sides due to pain in the left shoulder. No palpatory findings consistent with soft tissue injury defects, swelling or fibrosis. Assessment of the neck pain included cervical degenerative disc disease, left side greater than right, mostly at C6-C7, bilateral shoulder pain, left greater than right. Utilization review recommended non-certification of the request for occupational therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

OCCUPATIONAL THERAPY FOR THE CERVICAL AREA AND BILATERAL SHOULDERS TWICE A WEEK FOR FOUR WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend 9-10 visits over 8 weeks for myalgia and myositis, and 8-10 visits over 4 weeks for neuralgia, neuritis, and radiculitis. The Official Disability Guidelines (ODG) for occupational therapy and physical therapy recommend up to 12 visits for Cervicalgia (neck pain), cervical spondylosis, sprains and strains for neck, displacement of cervical intervertebral disc, degeneration of cervical intervertebral disc, Brachia neuritis or radiculitis. In this case, the orthopedic consultation report dated 9/12/13 documented that the patient has received 12 sessions of physical therapy and 12 sessions of chiropractic treatments. The patient stated the physical therapy was minimally helpful and that the chiropractic treatments may have resulted into flare ups. The patient was found to have ongoing pain and was failing conservative treatments. Orthopedic surgeon concluded that "no further chiropractic or physical therapy appears indicated or would be of benefit at this time, based on his response to those treatments to date." The request for occupational therapy twice a week for four weeks for the cervical area and bilateral shoulders is not medically necessary and appropriate.