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| <b>Case Number:</b>   | CM13-0063923 |                              |            |
| <b>Date Assigned:</b> | 01/03/2014   | <b>Date of Injury:</b>       | 05/28/2013 |
| <b>Decision Date:</b> | 05/07/2014   | <b>UR Denial Date:</b>       | 11/19/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/10/2013 |

### 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 Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 62 year-old with a date of injury of 05/28/13. A progress report associated with the request for services, dated 10/14/13, identified subjective complaints of left shoulder and middle finger pain. Objective findings included tenderness to palpation of the shoulder and slight weakness. There was some decrease in internal rotation. Sensation was intact. Diagnoses included chronic left frozen shoulder. Treatment has included analgesics, home exercise, massage therapy, and local injection. She has had 12 previous physical therapy sessions over an unspecified time frame which was "60% helpful and effective." A Utilization Review determination was rendered on 11/19/13 recommending non-certification of "occupational therapy to the left shoulder qty:8.00".

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **OCCUPATIONAL THERAPY TO THE LEFT SHOULDER QTY:8.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy Guidelines

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

**Decision rationale:** The Chronic Pain section of the Medical Treatment Utilization Schedule (MTUS) recommends physical medicine with fading of treatment frequency associated with "... active therapies at home as an extension of the treatment process in order to maintain improvement levels." Specifically, for myalgia and myositis, 9-10 visits over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks. The Official Disability Guidelines (ODG) states that for shoulder strain and impingement or rotator cuff syndrome, 10 visits over 8 weeks are recommended. The patient has received 12 previous physical therapy sessions. An additional 8 sessions of occupational therapy are requested, which exceeds the recommendation of 10 visits. Functional improvement must be clearly defined for additional therapy. In this case, the record does not document improvement in specific functional improvement measures and therefore the medical necessity for 8 occupational therapy sessions is not medically necessary.