

<b>Case Number:</b>	CM14-0001659		
<b>Date Assigned:</b>	03/26/2014	<b>Date of Injury:</b>	05/01/2010
<b>Decision Date:</b>	06/13/2014	<b>UR Denial Date:</b>	12/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2014

### 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 Occupational 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 patient is an employee of [REDACTED], and has submitted a claim for cervical radiculopathy, left shoulder impingement, and left de Quervain's tenosynovitis associated with an industrial injury date of May 1, 2010. The treatment to date has included immobilization, NSAIDs, opioids, steroid injections, occupational therapy, acupuncture, and TENS. Medical records from 2013 were reviewed. The patient complained of persistent left shoulder pain graded 4-7/10; dull, and aching in nature with occasional burning sensations. Pain was aggravated by normal activities. Physical examination of the left shoulder showed mild tenderness on the anterior capsule, restricted range of motion at abduction and forward flexion of 90 degrees. The utilization review from December 19, 2013 denied the request for 12 sessions of occupational therapy for the left shoulder for failure to document significant progressive functional improvement from previous occupational therapy sessions. The request also exceeded the recommended number of sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OCCUPATIONAL THERAPY FOR LEFT SHOULDER. TWO TIMES A WEEK FOR SIX WEEKS.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL THERAPY Page(s): 98.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 114.

**Decision rationale:** As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transitioned into a self-directed home program. Page 114 of the California MTUS ACOEM Guidelines stresses the importance of time-limited treatment plan with clearly defined functional goals. Page 9 of the California MTUS states that all therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. ODG Shoulder Chapter recommends a total of 10 occupational therapy sessions over 8 weeks for rotator cuff syndrome/impingement syndrome. In this case, progress notes indicated that the patient completed 18 sessions of occupational therapy. Previous notes reported improvement of left shoulder pain. Recent progress notes reported that the patient was able to go back to regular work with occasional pain free intervals. However, there are no reports of worsening of symptoms and the present request exceeds the recommended total number of visits as stated by the guidelines above. Furthermore, there is no documented definite functional goal that should be achieved with the patient's re-enrollment to this program. There are no reports as to why the patient is unable to perform home exercises, the patient is likewise expected to be well-versed in a self-directed home exercise program by now. Therefore, the request for occupational therapy for the left shoulder, two times a week for six weeks is not medically necessary.