

Case Number:	CM14-0126284		
Date Assigned:	08/13/2014	Date of Injury:	05/11/2012
Decision Date:	09/15/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/08/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this female employee was reportedly injured on May 11, 2012. The mechanism of injury is noted as repetitive trauma. The most recent progress note, dated July 18, 2014, which are hand written and difficult to read, indicates that there are ongoing complaints of a right middle and ring finger trigger finger that is doing better. There was also slight triggering of the left thumb any complaint of left elbow pain. The physical examination demonstrated right thumb triggering less than that of the middle and ring finger. Diagnostic imaging studies were not reviewed during this visit Previous treatment includes physical therapy, a bilateral carpal tunnel release, cortisone injections, and a left middle finger trigger finger release. A request had been made for occupational therapy twice week for three weeks for the right shoulder and was not certified in the pre-authorization process on July 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy two times a week for three weeks for the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 201.

Decision rationale: According to the American College of Occupational and Environmental Medicine, physical therapy for the shoulder should include a few visits to a physical therapist to serve to educate the patient about an effective home exercise program. Also, a review of the attach medical record indicates that the injured employee has previously participated in physical therapy for the shoulder. Considering this, the request for occupational therapy two times a week for three weeks for the right shoulder is not medically necessary.