

<b>Case Number:</b>	CM14-0022726		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	10/01/2011
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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, has a subspecialty in Pain 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 injured worker is a 60 year-old who reported an injury on October 1, 2011. The mechanism of injury was not provided. On October 23, 2013 the injured worker was status post right shoulder arthroscopy with acromioplasty, distal clavicle excision and joint debridement. The injured worker complained of right shoulder pain with limited range of motion. On the physical examination done on January 16, 2013 it was documented the injured worker abduction and forward flexion was 150 degrees. It was noted the injured worker had a significant decreased range of motion. The injured worker had 6 sessions of physical therapy. The injured worker's medications include Norco 10/325 mg and Ambien. The diagnoses of the injured worker included post status arthroscopy repair with acromioplasty, joint debridement and distal clavicle resection. The treatment plan included additional Occupational Therapy Visits times 6 for the right shoulder. The request for authorization was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SIX OCCUPATIONAL THERAPY VISITS FOR THE RIGHT SHOULDER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

**Decision rationale:** The Post-Surgical Treatment Guidelines recommend up to 24 sessions of therapy after shoulder arthroscopy. There is lack of documentation provided of the injured worker's functional improvement while participating in occupational therapy program. The documents provided states the injured worker had 6 sessions of therapy that is unknown. The request for six occupational therapy visits for the right shoulder is not medically necessary or appropriate.