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| <b>Case Number:</b>   | CM14-0025535 |                              |            |
| <b>Date Assigned:</b> | 06/13/2014   | <b>Date of Injury:</b>       | 02/11/2013 |
| <b>Decision Date:</b> | 07/15/2014   | <b>UR Denial Date:</b>       | 02/03/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/28/2014 |

### 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 injured worker is a 51-year-old female who was reportedly injured on February 11, 2013. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated May 8, 2014, indicated there were ongoing complaints of neck pain, bilateral shoulder pain, and bilateral wrist pains. There were also complaints of radicular symptoms to the upper extremities. The physical examination demonstrated tenderness and muscle spasms of the cervical paravertebral muscles along with decreased range of motion. There was decreased sensation over the bilateral C6 dermatomes. There was a positive impingement test for both shoulders and a positive Phalen's test at both wrists, with decreased risk motion and decreased grip strength. There were diagnoses of the cervical sprain/strain, cervical radiculopathy, shoulder impingement and wrist tendinitis/bursitis. A request was made for physical therapy and was not certified in the pre-authorization process on February 3, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **OCCUPATIONAL THERAPY EVALUATION AND TREATMENT TWICE A WEEK FOR FOUR WEEKS: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 58-59.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines regarding physical medicine states that formal physical therapy should be transitioned to a program of self-directed home exercise. In this case, after 12 visits of therapy, the injured employee should be well-versed on what is required of the therapy and should be able to continue with a home exercise program. Therefore, the request for occupational therapy and evaluation, twice a week for four weeks is not medically necessary and appropriate.