

Case Number:	CM14-0033739		
Date Assigned:	06/20/2014	Date of Injury:	10/12/2005
Decision Date:	07/22/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/18/2014

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 Sports Medicine, and is licensed to practice in Texas and New York. 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 64-year-old male who reported an injury on October 12, 2005 due to an unknown mechanism. The injured worker had complaints of stabbing pain in the right shoulder, pain level 8/10, restricted range of motion. Also has right elbow pain rated 6-7/10. Physical examination revealed pain with forward flexion and abduction, right side worse than the left side. The right side was to 95 degrees with pain, the left side was 180 degrees. Abduction was 85/110. There was mild weakness with external rotation on the right side, not on the left side. There was positive Yergason's sign. Very sensitive ulnar nerve on the medial side. Electromyography study/ nerve conduction study of the upper extremities was done on February 25, 2014 which was normal. Nerve conduction study revealed severe bilateral ulnar sensory neuropathy at the elbows, mild left median neuropathy at the wrists, mild left ulnar motor neuropathy at the wrist, bilateral median sensory neuropathy, possibly at the wrists. The injured worker had an injection into right shoulder at that visit. Diagnoses were right shoulder rotator cuff pathology, left shoulder rotator cuff pathology, bilateral cubital tunnel syndrome, bilateral carpal tunnel syndrome, cervical pathology, sacroiliac joint pathology. Medications were not reported. Physical therapy reports were not submitted. Surgical history was status post C5-C6 anterior cervical decompression and fusion on September 9, 2009, left shoulder arthropathy, status post right cubital tunnel release, status post posterior spinal fusion, status post right shoulder arthroscopy. Treatment plan was for occupational therapy twelve sessions. The rationale and request for authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE SESSIONS OF OCCUPATIONAL THERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Medical Treatment Guidelines.

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

Decision rationale: There is no indication stated in the document submitted for review of why the injured worker is requesting occupational therapy. On visit dated February 18, 2014 the injured worker was participating in physical therapy with two sessions completed out of twelve. He did have an electromyography and nerve conduction study which showed some abnormalities. He did get an injection into his right shoulder. No report of pain relief, duration of pain relief were submitted. Medications were not reported. The injured worker was mentioned as temporary totally disabled pending outcome of physical therapy and right shoulder injection. Visit on March 4, 2014 did not mention disability status. The request for twelve sessions of occupational therapy is not medically necessary or appropriate.