

Case Number:	CM14-0043306		
Date Assigned:	07/02/2014	Date of Injury:	06/29/2012
Decision Date:	08/20/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/10/2014

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 Internal Medicine and is licensed to practice in 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 claimant is a 53 year old female who sustained an industrial injury on 06/29/2012. While working as a psychiatric technician a client grabbed her right hand and pulled it with force. Her diagnoses include cervical disc herniation with radiculopathy, right trapezius strain, arthritis of the right acromioclavicular joint. On exam the right shoulder is tender with decreased strength. There is right biceps weakness and manual strength testing is 4/5 right versus 5/5/ left, which improves with repeated challenging of the muscle. Treatment has included medications and physical therapy. She has had a total of 24 physical therapy sessions to date. The treating provider has requested occupational therapy right arm/shoulder #8.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy right arm/shoulder, quantity eight visits.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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

Decision rationale: There is no specific indication for the requested occupational therapy visits. There is no documentation of significant functional improvement with previous physical therapy (24 sessions). The claimant sustained no fracture or dislocation and should be able to perform range of motion exercises and a home exercise program. The requested service is not medically necessary.