

Case Number:	CM14-0079402		
Date Assigned:	07/18/2014	Date of Injury:	11/27/2013
Decision Date:	08/18/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	05/29/2014

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 Pain Management, has a subspecialty in Interventional Spine 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 patient is a 58-year-old male with date of injury of 11/27/2013. The listed diagnoses per [REDACTED] dated 05/01/2014 are: 1. Ongoing left upper extremity pain and left hand pain. 2. Marked tendinosis of the supraspinatus muscle. 3. Probable prior surgical intervention at the level of acromioclavicular joint. According to this report, the patient complains of left shoulder and left wrist pain. He describes the pain to be stabbing in both body parts. The patient reports severe to moderate limitations with activities of daily living including housework, prolonged standing, dressing, bending, lifting, twisting, and pulling. The objective findings show the patient had an MRI arthrogram of the shoulder on 04/25/2014 that show marked tendinosis of the supraspinatus muscle with evidence of previous surgery but no evidence of labral tear. The utilization review denied the request on 05/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 occupational therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine guidelines. Decision based on Non-MTUS Citation ODG Physical/Occupational Therapy Guidelines.

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

Decision rationale: This patient presents with left shoulder and left wrist pain. The treating physician is requesting 8 occupational therapy sessions. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. The physical therapy report dated 01/27/2014 documents visit 4 of 6 showing the patient tolerated the treatment well, but not much decrease in pain levels. The left wrist pain is persistent and constant. The MTUS Guidelines page 8 on chronic pain requires satisfactory response to treatment including increased levels of function, decreased pain, or improved quality of life. In this case, the patient does not report any decrease in his pain and symptoms while utilizing physical therapy. The requested 8 sessions in combination with the 6 sessions that the patient recently received would exceed MTUS Guidelines. The request is not medically necessary and appropriate.