

Case Number:	CM14-0081113		
Date Assigned:	07/18/2014	Date of Injury:	09/04/2001
Decision Date:	09/12/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/03/2014

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 & Rehabilitation, 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 52-year-old female with a date of injury of 09/04/2001. The listed diagnoses per [REDACTED] are: 1. Chronic pain state, right shoulder/upper extremity and neck. 2. Fibromyalgia with chronic fatigue. 3. Chronic headaches. 4. Anxiety, depression, insomnia. 5. GERD. 6. Asthma. 7. Rhinosinusitis. 8. Osteopenia. 9. Episode of PAT, 10/19/2009. 10. Dental problems. 11. Dysphagia. 12. Scalp and feet dermatosis. 13. Pseudoseizures. 14. Morgellons disease. According to progress report 05/05/2014, the patient presents with right shoulder pain that radiates to the neck. He has trouble with grasping on the right. The medical file provided for review includes progress reports from 12/24/2013 through 05/05/2014. Report 05/05/2014 does not provide a physical examination and prior progress reports have missing pages. The treater is requesting "occupational and physical therapy evaluations." Utilization Review denied the request on 05/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy evaluation related to abdominal pain as outpatient (unspecified duration): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-

[https://www.acoempracguides.org/Low Back](https://www.acoempracguides.org/Low%20Back); Table 2, Summary of Recommendations, Low Back Disorders.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM Practice Guidelines, 2nd Edition (2004), Ch:7 page 127.

Decision rationale: The patient presents with right shoulder pain that radiates to the neck. The treater is requesting occupational therapy evaluation. Utilization Review denied the request stating "no functional deficiency and/or activity of daily living limitations were noted to substantiate need for occupational therapy referral." ACOEM Practice Guidelines second edition {2004} page 127 has the following: "The occupational health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." In this case, the treater does not explain why OT evaluation is asked for. There are no documentation of the patient's functional issues at home or any specific OT needs. The treater needs to provide appropriate rationale for the requests. The request is not medically necessary.