

Case Number:	CM14-0081768		
Date Assigned:	07/18/2014	Date of Injury:	06/09/2005
Decision Date:	09/08/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/02/2014

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 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 56-year-old female with an injury date of 06/09/2005. According to the 05/12/2014 progress report, the patient presents with a tender upper back and neck with prominent supraclavicular fossa. The patient has left shoulder pain and right shoulder pain as well as a tender right cubital tunnel. The patient has a weak grip bilaterally and is wearing a right elbow neoprene brace. The patient has a tender back neck with prominent supra clavicular fossae. She rates her pain as a 7/10 at its best, and a 10/10 at its worst. The patient's diagnoses include the following: 1. Bilateral carpal tunnel. 2. Cervical sprain with radiculopathy. 3. Right shoulder tendinitis. 4. Thoracic outlet syndrome. The request is for an occupational therapy evaluation. The utilization review determination being challenged is dated 05/15/2014.

Treatment reports were provided from 10/04/2013 - 05/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on the Non-MTUS ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7 page 127.

Decision rationale: According to the 05/12/2014 report, the patient presents with left and right shoulder pain as well as the tender upper back and neck with prominent supraclavicular fossa. The request is for an occupational therapy evaluation. There are no discussions provided regarding the need for this request. ACOEM Practice Guidelines page 127 has the following: "Occupational health practitioner may refer to other specialists 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." ACOEM Guidelines further state that a referral to a specialist is recommended in aiding complex issues; however, there is no indication of why an occupational therapy evaluation is needed for this particular case. The provider does not provide a rationale for this request. Recommendation is for not medically necessary.