

Case Number:	CM14-0202337		
Date Assigned:	12/12/2014	Date of Injury:	03/14/2014
Decision Date:	03/11/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/03/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 50 year-old female with date of injury 03/14/2014. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/23/2014, lists subjective complaints as pain in the right shoulder, right knee, and right fifth finger. Objective findings: Examination of the right shoulder revealed positive provocative impingement findings. Right knee was negative for erythema. Patient had full range of motion of the knee. Discomfort was noted when the anterior capsule was compressed and forced into extension. Right fifth finger had pain and swelling at the PIP joint. No rotator or angular deformities. Diagnosis: 1. Right shoulder rotator cuff tendinitis. 2. Right knee synovitis. 3. Right fifth digit PIP ligament strain. Patient has completed 8 sessions of physical therapy for the right shoulder and right knee to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy for the right upper extremity and right knee, twice weekly for four weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Leg Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 98-99.

Decision rationale: The MTUS recommends passive therapy only during the early phases of the treatment and when they can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. The age of the patient's claim does not meet the requirement of the early phase of treatment. Occupational therapy for the right upper extremity and right knee, twice weekly for four weeks is not medically necessary.

Physical therapy for the right upper extremity and right knee, twice weekly for four weeks:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Leg Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 58-60.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Continued physical therapy is predicated upon demonstration of a functional improvement. There is no documentation of objective functional improvement. Physical therapy for the right upper extremity and right knee, twice weekly for four weeks is not medically necessary.