

Case Number:	CM15-0001140		
Date Assigned:	01/12/2015	Date of Injury:	04/24/2012
Decision Date:	03/10/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/05/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 injured worker is a 41-year-old female, who sustained an industrial injury on 04/24/2012. She has reported right elbow pain and shoulder pain. The diagnoses have included carpal tunnel syndrome and thoracic outlet syndrome with evidence of lateral epicondylitis. Treatment to date has included a mastopexy and reduction procedure, and an x-ray of the right shoulder on 06/27/2014, with no abnormality. Currently, the injured worker complains of increased right lateral elbow pain and anterior shoulder pain, and numbness of the little and ring fingers, with radiation up to the right lateral elbow. The physical examination showed full range of motion of the proximal limb girdle; tenderness with paresthesia over the anterior glenohumeral capsule; and slightly decreased range of motion of the left lateral flexion of the neck. The treating physician requested occupational therapy two times a week for twelve weeks. The rationale for the request has not been provided. On 12/08/2014, Utilization Review (UR) non-certified the request for twenty-four (24) occupational therapy sessions, noting that thoracic outlet syndrome has not been determined to be a compensable disorder and has not been accepted. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy x 24 visits (unspecified body part): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Pain and Shoulder, Physical Therapy

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Regarding physical therapy, ODG states Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. Per guidelines, an initial trial of six session is necessary before additional sessions can be approved. The request for 24 sessions is in excess of guidelines. The treating physician does not detail extenuating circumstances that would warrant exception to the guidelines. As such, the request for Occupational therapy x 24 visits (unspecified body part) is not medically necessary.