

<b>Case Number:</b>	CM15-0001567		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	01/03/2014
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: 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:

The injured worker is a female with date of injury 1/3/2014. Per initial orthopedic evaluation dated 6/9/2014, the injured worker complains of headaches, bilateral shoulder pain worse on the right, hand and arm pain, and stiff neck bilaterally. She had around 12 physical therapy sessions and 6 acupuncture sessions, and she reports that none of them have helped. On examination, the right shoulder has full range of motion in all directions. Impingement I and Impingement II are negative. Apprehension is negative. Strength is 5/5. She seemed to have more pain on the clavicle than she actually did going down the deltoid. Per office visit note dated 12/8/2014, the injured worker's diagnoses include 1) right shoulder partial rotator cuff tear 2) chronic cervical strain, rule out disc herniation 3) bilateral upper extremity overuse syndrome, rule out carpal tunnel syndrome or peripheral nerve entrapment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational Therapy twice a week for six weeks for the right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine section Page(s): 98, 99.

**Decision rationale:** The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified, receive 9-10 visits over 8 weeks. The clinical notes indicate that the injured worker has had extensive physical therapy without significant benefit. Utilization review reports that the injured worker has had 23 physical therapy sessions for the shoulder and 8 physical therapy sessions for the neck. Following this amount of therapy, it would be expected that the injured worker has a home exercise program to continue self directed therapy for continued rehabilitation and conditioning. Continued self directed therapy can be assessed and encouraged at periodic clinic visits by the treating physician without the need of additional therapist led rehabilitation. The request for Occupational Therapy twice a week for six weeks for the right shoulder is determined to not be medically necessary.