MAXIMUS Federal Services

Case Number:	CM15-0147128		
Date Assigned:	08/10/2015	Date of Injury:	10/14/2013
Decision Date:	09/09/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/29/2015

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 41 year old female, who sustained an industrial injury on October 14, 2013. She reported head and left leg injury. The injured worker was diagnosed as having head and left knee contusions. Treatment to date has included injection, occupational therapy, medication, home exercise program, left knee brace, right wrist brace, MRI, x-ray, chiropractic care and CT scan. Currently, the injured worker complains of ongoing bilateral shoulder pain, some persistent bilateral arm and neck region pain. She also reports neck and upper trapezius muscle pain that is severe (right greater than left) and is where the bulk of her pain stems from. She reports intermittent muscle spasms and headaches located at the back of her head (unrelieved by medication). The injured worker is currently diagnosed with right biceps tendinitis and left shoulder impingement. A note dated February 13, 2015, states the injured worker did not experience efficacy from chiropractic care. In occupational therapy notes dated April 15, 2015 and April 21, 2015, they state the injured worker is compliant with home exercises and is progressing with each appointment. In a note dated June 10, 2015, it states the injured worker has experienced significant improvement from therapy, including range of motion, decreased need for pain medication, improved function and ability to engage in activities of daily living. The note also stated the injured worker experienced significant improvement in symptoms after the right biceps tendon and left subacromial space injections. Due to previous efficacy, occupational therapy for the right shoulder is requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Physical therapy.

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. In this case, the injured worker has had an unknown number of occupational therapy visits to date. There is evidence of increased functional gains, decreased use of medications and decrease in pain with the use of occupational therapy. Additionally, the available documentation states that the injured worker has been progressing with a home-based program. It is reasonable to assume, at this point, that the injured worker can continue with a home-based, self-directed exercise program. It is also noted that there is no quantity information included with this request. The request for occupational therapy right shoulder is not medically necessary.