

Case Number:	CM15-0147777		
Date Assigned:	08/11/2015	Date of Injury:	12/01/2014
Decision Date:	09/14/2015	UR Denial Date:	07/27/2015
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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53 year old male, who sustained an industrial injury on 12-01-2014. He has reported injury to the right shoulder and right hand-wrist. The diagnoses have included right hand sprain; traumatic arthritis of right wrist; sprain of right shoulder; impingement syndrome of right shoulder; and tear of supraspinatus tendon. Treatment to date has included medications, diagnostics, ice, splinting, injection, occupational therapy, and physical therapy. Medications have included Motrin and Naproxen. A progress note from the treating physician, dated 07-15-2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of right shoulder and right hand pain; he has continued to have pain with lifting, sleeping on the affected shoulder, and raising the arm above the level of the shoulder; occasional clicking and weakness; he has noticed improvement in pain and swelling in the right hand; he has completed occupational therapy with great improvement of the hand; no significant improvement in the shoulder; he received cortisone injection previously; and states that the right shoulder has improved in range of motion and pain, especially with continued physical therapy. Objective findings included the right shoulder has trace anterior joint line and acromioclavicular joint tenderness; improving ranges of motion; strength is 5- out of 5; right hand has mild swelling in the webspace between the index finger and thumb; and there is trace tenderness along the thumb extensor tendon with negative Finkelstein's sign. The treatment plan has included the request for occupational therapy 2 x 3 for right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy 2 x 3 for right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with pain affecting the right shoulder and right hand. The current request is for Occupational Therapy 2 x 3 for right shoulder. The treating physician report dated 7/15/15 (65B) states, "Physical therapy" right shoulder (as per recommendations of orthopedics)" continue, extension Rx (initial Rx of 12 sessions only approved for 6 sessions, extension for additional 6 sessions)". The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided show the patient has received at least 6 sessions of physical therapy previously. The patient's status is not post-surgical. In this case, the patient has received 6 visits of physical therapy to date and therefore the current request of an additional 6 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. The current request is not medically necessary.