

Case Number:	CM15-0147804		
Date Assigned:	08/10/2015	Date of Injury:	02/05/2013
Decision Date:	09/08/2015	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, Indiana, New York
 Certification(s)/Specialty: Internal 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 was a 49 year old female, who sustained an industrial injury, February 5, 2013. The injured worker previously received the following treatments right carpal tunnel decompression, right rotator cuff repair, physical therapy and Ibuprofen. The injured worker was diagnosed with status post carpal tunnel decompression, persistent bilateral carpal tunnel syndrome with right ulnar neuropathy, cervical strain, status post right shoulder rotator cuff repair, biceps tenodesis and subacromial decompression. According to progress note of July 15, 2015, the injured worker's chief complaint was discomfort in both hands and wrists as well as pain in the right elbow into the axilla. The injured worker was experiencing weakness in the loss of grip strength affecting the left hand. The injure worker was experiencing some neck discomfort and stiffness. The physical exam noted the injured worker was right handed. The physical exam noted minimal tenderness was present over both carpal tunnels with significant tenderness over the right cubital tunnel. Provocative testing over the carpal tunnels and right cubital tunnel remain positive but only with sustained pressure over greater than 10 seconds. The sensory function in all digits was intact. The injured worker had full range of motion in the elbows, wrists, and hands. The treatment plan included occupational therapy for the 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 times a week for 3 weeks Right Shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, occupational therapy two times per week times three weeks to the right shoulder is not medically necessary. 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 negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are status post right carpal tunnel decompression; persistent bilateral carpal tunnel syndrome with right ulnar neuropathy; cervical strain; and status post right shoulder rotator cuff repair, biceps tenodesis and subacromial decompression. The date of injury is February 5, 2013. The request for authorization is July 15, 2015. According to a June 1, 2015 physical therapy progress note, the injured worker completed 24 out of 24 physiotherapy sessions. The injured worker has good strength and may require more treatment. According to a January 15, 2015 provider progress note, the injured worker's subjective complaints are primarily referable to the hands and wrists. Symptoms radiate to the right elbow to the axilla. Objectively, there is nearly normal range of motion of the shoulder. There are no compelling clinical facts documented in the medical record indicating additional physical therapy over the recommended guidelines is clinically indicated. Consequently, absent compelling clinical facts indicating additional physical therapy (over the recommended guidelines) is clinically warranted and no clinical documentation showing profound shoulder symptoms, occupational therapy two times per week times three weeks to the right shoulder is not medically necessary.