

Case Number:	CM15-0020408		
Date Assigned:	02/10/2015	Date of Injury:	09/05/2013
Decision Date:	03/30/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/03/2015

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: Georgia, California, Texas

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 56-year-old female with an industrial injury dated September 5, 2013. The injured worker diagnoses include tendonitis of the bilateral arms and wrist. She has been treated with diagnostic studies, radiographic imaging, prescribed medications, and periodic follow up visits. According to the qualified medical evaluation on 9/11/2014, examination of the right shoulder revealed no deformity, atrophy, or swelling. There was diffused tenderness on palpitation with no associated muscle spasms and full passive range of motion. The injured worker reported moderate pain throughout all ranges of motion. Diagnoses included right shoulder tendinitis, bilateral upper extremity overuse syndrome, and functional overlay. The 09/11/14 QME report stated: "It is my understanding that she has yet to undergo any occupational therapy treatments. She may benefit from a brief course of occupational therapy treatments 2-3 times a week for approximately 3-4 weeks." According to most recent treating provider note dated 4/10/14, the treating physician noted right shoulder pain, cervical pain, and decrease range of motion. The injured worker diagnoses included overuse of bilateral upper extremities and the rule out of carpal tunnel syndrome. The treatment plan consisted of diagnostic studies, prescribed medication, and occupational therapy. The treating physician prescribed services for occupational therapy of the right shoulder now under review. Utilization Review determination on January 22, 2015 denied the request for occupational therapy of the right shoulder, noting lack of documented response to 6 previously completed OT sessions.

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 cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Utilization Schedule Definitions; Physical Medicine Page(s): 1 and 98-99 of 12.

Decision rationale: MTUS states: 'Functional improvement' means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment. Evidence of functional improvement is not documented with previous therapy, and per 09/11/14 QME, report the injured worker has not worked since 11/11/13. In addition, the requested 12 OT sessions exceed the MTUS recommendation for up to 10 PT visits for treatment of myalgia/myositis or neuralgia/neuritis/radiculitis. Based upon the submitted documentation and MTUS recommendations, medical necessity is not established for the requested occupational therapy.