

Case Number:	CM15-0212983		
Date Assigned:	11/02/2015	Date of Injury:	04/08/2014
Decision Date:	12/15/2015	UR Denial Date:	10/27/2015
Priority:	Standard	Application Received:	10/28/2015

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 is a 35 year old female who sustained an industrial injury on 04-08-2014. According to a progress report dated 09-23-2015, the injured worker reported shoulder pain. She was being seen for a pre-operative visit. Chief complaints listed included left shoulder pain, neck pain, bilateral upper extremity pain, bilateral hand pain and bilateral hand numbness and tingling. MRI of the right shoulder performed on 03-17-2015 demonstrated tendinopathy of the supraspinatus and infraspinatus tendons. Electrodiagnostic studies of the upper extremities performed on 03-13-2015 showed evidence of mild bilateral median neuropathy at the carpal tunnel. Diagnostic impression included impingement syndrome bilateral, epicondylitis lateral bilateral, carpal tunnel syndrome bilateral and sprain strain cervical. The treatment plan included medications, occupational therapy 2 times per week for 4 weeks for the right hand, continuation of wrist splint support and left shoulder arthroscopic acromioplasty with distal claviclectomy. On 10-06-2015, the injured worker underwent left shoulder surgery. On 10-19-2015, the injured worker was seen for suture removal. She was recovering as expected. Physical therapy was being set up. Recommendations included physical therapy for the left shoulder. On 10-27-2015, Utilization Review non-certified the request for right hand occupational therapy 2 times a week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right hand occupational therapy 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist, and hand section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, right-hand occupational therapy two times per week times four weeks 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 impingement syndrome; and PN carpal tunnel syndrome. Date of injury is April 8, 2014. Request for authorization is October 20, 2015. The utilization review dated August 13, 2015 shows left shoulder arthroscopy was authorized and 12 postoperative physical therapy sessions were authorized. According to a September 23, 2015 provider progress note, the treating provider is requesting occupational therapy to the hand. Objectively, the documentation purely addresses the left shoulder. There are no physical findings referencing the right-hand. There is no neurologic evaluation of the right hand. The treatment plan contains a request for occupational therapy two times per times four weeks. There are no specific clinical findings of the right hand with respect to motor function or range of motion to support the necessity of occupational therapy. The injured worker was authorized for a shoulder arthroscopy with subsequent physical therapy. This procedure should be performed prior to any additional physical therapy of an unrelated body part. Based on clinical information the medical record, peer-reviewed evidence- based guidelines and no objective findings on physical examination concerning the right hand and wrist, right-hand occupational therapy two times per week times four weeks is not medically necessary.