

<b>Case Number:</b>	CM14-0102379		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	08/13/2012
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	06/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 records, presented for review, indicate that the claimant is a 42-year-old individual who was reportedly injured on August 13, 2012. The mechanism of injury was noted as a repetitive stress type situation. The most recent progress note, dated May 21, 2014, indicated that there were ongoing complaints of upper extremity right shoulder pain. The physical examination demonstrated a 5'2", 135 pound individual who is normotensive. There was tenderness to palpation about the right shoulder. Neer's and Hawkin's testing positive. A decrease in shoulder range of motion was noted. Diagnostic imaging studies were not reviewed. Previous treatment included carpal tunnel release surgery, occupational therapy, multiple medications, home exercise protocol, two separate shoulder surgeries and a shoulder injection. A request had been made for occupational therapy and was not certified in the pre-authorization process on June 9, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational therapy for 6 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** When noting the date of injury, the surgical intervention completed, a postoperative physical therapy for the surgically treated right wrist completed and by the parameters noted in the MTUS and taking into account the most current physical examination, there is no medical necessity established for additional formal occupational therapy at this time.