

Case Number:	CM14-0148699		
Date Assigned:	09/18/2014	Date of Injury:	12/30/2013
Decision Date:	10/16/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/12/2014

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 Preventive Medicine and is licensed to practice in Indiana. 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:

This employee is a 39 year old male with date of injury of 12/30/2013. A review of the medical records indicates that the patient is undergoing treatment for a biceps tendon rupture. Subjective complaints include reduced motion and pain in the left forearm and hand. Objective findings include decreased strength in the left forearm, and an MRI showing a complete biceps tendon rupture. Treatment has included surgical repair and 24 sessions of physical therapy. The utilization review dated 8/12/2014 non-certified 12 sessions of occupational therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy (OT) 2 times 6 to the left arm: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196-219, Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Arm (Acute & Chronic), Physical therapy

Decision rationale: California MTUS guidelines refer to occupational therapy (OT) guidelines for physical therapy. "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines

advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. The patient was certified for 8 physical therapy sessions which is consistent with MTUS and ODG guidelines for initial 'trial' of treatment. Additionally sessions may be warranted based on the progress during the initial treatment sessions. He had undergone 12 sessions of physical therapy. Progress notes made no mention as to the progress of the patient's bicep or his response to physical therapy as it pertains to his request. As such, the request for 12 sessions of occupational therapy (OT) is not medically necessary.