

Case Number:	CM14-0098306		
Date Assigned:	07/28/2014	Date of Injury:	02/25/2008
Decision Date:	09/17/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	06/26/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 56 year old female who reported an injury on 02/25/2008. The mechanism of injury was not provided. Diagnoses included unspecified bursitis/ tendinitis of the shoulder, left shoulder impingement syndrome, and left lateral epicondylitis. Prior treatments included acupuncture, 6 sessions of occupational therapy including therapeutic exercise, manual therapy and a home exercise program. Surgical history included left shoulder surgery in 2006. Per the physician's progress note dated 04/30/2014, the injured worker complained of pain to the neck, mid, and low back. The occupational therapy note, dated 03/11/2014, reported a complaint of pain rated 5/10 to the left shoulder and 7/10 to the left elbow. On 03/27/2014, pain was reported as 5/10 to the left shoulder and 8/10 to the left elbow. The physical exam noted left shoulder flexion of 180 degrees, abduction to 125 degrees, and extension to 55 degrees. Left elbow range of motion was documented as extension to negative 5 degrees, and flexion to 140 degrees. These findings were unchanged from 03/11/2014 to 03/27/2014. Medications were not listed. The treatment plan requested to continue therapy to improve range of motion, strength and function to the left elbow and shoulder. Also, the physician recommended that the injured worker see a rheumatologist. The request for authorization form was submitted for review on 05/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue OT 2x6 for the left shoulder and left elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The claimant was recently authorized 6 treatments based on the 04/30/2014 progress report. For this review the 04/30/2014 progress report was the most recent evaluation available for review. There was no reevaluation performed subsequent to the completion of the 6 therapy treatments. In order for additional treatment to be considered appropriate, there must be documented functional improvement. Given the absence of any recent documentation indicating functional improvement, the medical necessity for the requested 12 additional occupational therapy treatments was not established.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The request for OT 2 x 6 for the left shoulder and left elbow is not medical necessary. On 03/27/2014, the physical exam noted left shoulder flexion of 180 degrees, abduction to 125 degrees, and extension to 55 degrees. Left elbow range of motion was documented as extension to negative 5 degrees, and flexion to 140 degrees. These findings were unchanged from 03/11/2014 to 03/27/2014. The injured worker has had pain to the left elbow and shoulder unchanged or worsened, and without functional improvement, after the initial 6 sessions of occupational therapy. The California MTUS guidelines recommend occupational therapy of 9-10 visits over 8 weeks, with a home exercise program, to restore flexibility, strength, endurance, function, range of motion, and alleviate discomfort. Due to the lack of evidence supporting improvement of the injured workers condition during the prior sessions, additional sessions of occupational therapy would not be supported. Given the 6 completed sessions, the request for 12 additional sessions would exceed the guideline recommendations. Therefore, the request is not medically necessary.