

<b>Case Number:</b>	CM13-0008110		
<b>Date Assigned:</b>	11/08/2013	<b>Date of Injury:</b>	04/12/2012
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	07/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2013

### 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 California. 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 45 year-old female, who was injured on April 12, 2012, while performing regular work duties. The mechanism of injury is from doing defense tactics training with a co-worker, resulting in a twisted elbow & wrist. The injured worker was placed on modified duty. The injured worker received treatment of splinting, physical therapy, and acupuncture prior to the April 24, 2013 evaluation. A laboratory evaluation dated April 29, 2013, has been provided for this review. On May 15, 2013, a steroid injection was given to the right shoulder area. On July 1, 2013, a steroid injection was given to the right elbow. An August 21, 2013, physical therapy note indicates the injured worker was on a 2nd visit, experiencing increased pain and joint instability due. A magnetic resonance imaging of the right shoulder was taken on November 22, 2013 and reveals a superior labral type II tear and rotator cuff tendinosis without tear. On January 16, 2014, the injured worker underwent right shoulder surgery. The Utilization Review indicates the injured worker has completed 12 occupational, 2 physical therapy, and 2 acupuncture sessions. The records for occupational therapy and acupuncture are not available for this review. The request for authorization is for occupational therapy, two (2) times weekly for three (3) weeks, for the right upper extremity. The primary diagnosis is sprain & strain unspecified site of elbow & forearm; and sprain & strain unspecified site of wrist. On July 25, 2013, Utilization Review provided a modified certification of two (2) occupational therapy visits, based on MTUS, Chronic Pain, and ODG guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Occupational Therapy 2 x week x 3 weeks Right Upper Extremity: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) online (2013), Elbow

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder; Elbow; Forearm, Wrist, and Hand, Physical therapy Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG recommends a limited course of physical therapy for patients with a diagnosis of right upper extremity tendinitis not to exceed 10 visits over 8 weeks. ODG also notes 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 a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of right shoulder impingement, right shoulder superior labral tear, right elbow tendinitis, and right wrist strain. In addition, there is documentation of previous occupational therapy. However, given documentation of at least 12 sessions of occupational therapy completed to date, which exceeds guidelines, there is no documentation of remaining functional deficits that would be considered exceptional factors to justify exceeding guidelines. In addition, despite documentation of benefit with previous occupational therapy, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of occupational therapy provided to date. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.