

Case Number:	CM14-0118901		
Date Assigned:	08/06/2014	Date of Injury:	05/20/2010
Decision Date:	01/05/2015	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/29/2014

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, has a subspecialty in Interventional Spine 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 patient is a 55 year old with an injury date on 5/20/10. Patient complains of persistent pain in her left hand/wrist and right shoulder per 7/15/14 report. The patient denies radiating symptoms, and describes the overall pain as rated 8/10 in the VAS scale per 6/13/14 report. The patient's primary pain generator is believed to be somatic and nociceptive in nature consistent with diagnosis of rotator cuff syndrome/tear, with etiological cause believed to be a chronic degenerative process due to repetitive use syndrome per 7/15/14 report. Based on the 7/15/14 progress report provided by the treating physician, the diagnoses are: 1. disorder of bursa of shoulder region - right 2. tenosynovitis of thumb Exam on 7/15/14 showed "range of motion of left hand/wrist is normal, range of motion of right shoulder is limited with flexion at 120 degrees." Patient's treatment history includes physical therapy (12 sessions for right shoulder, some improvement), home exercise program, medication (Meloxicam, Voltaren, discontinued Norco). The treating physician is requesting extension of occupational therapy, left arm/hand. The utilization review determination being challenged is dated 7/18/14. The requesting physician provided treatment reports from 10/15/13 to 7/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extension of Occupational Therapy, Left Arm/Hand: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This patient presents with left hand/wrist pain, and right shoulder pain. The treating physician has asked for Extension of Occupational Therapy, Left Arm/Hand on 7/15/14 of additional 6 sessions "to improve in strength, ROM and pain" and "discharge her with a customized exercise program." The patient has completed 12 sessions of occupational therapy (6 sessions for the right shoulder, and 6 sessions for the left hand/wrist) with "some functional benefit" and which was primarily "passive consisting of use of modalities" per 7/15/14 report. MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, the patient recently completed 12 sessions of occupational therapy with some functional benefit. The treating physician has requested an additional 6 sessions for improvement in strength, ROM, and pain, and to customize a home exercise program. The patient has already been using a home exercise program, according to a review of the reports. The patient also has full range of motion of the hand/wrist, and near full range of motion of the left shoulder. Additionally, the patient has completed 12 sessions of occupational therapy and an additional 6 sessions would exceed what is allowed by MTUS for this type of condition. Recommendation is not medically necessary.