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| Case Number: | CM15-0005304 | | |
| Date Assigned: | 01/16/2015 | Date of Injury: | 05/11/2012 |
| Decision Date: | 03/16/2015 | UR Denial Date: | 12/17/2014 |
| Priority: | Standard | Application Received: | 01/09/2015 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 female, who sustained an industrial injury on 5/1/2012. She was putting away a box of check files, weighing about 35 pounds, in overhead metal cabinets, when the metal cabinet door struck her right wrist with increased right wrist and hand pain. She has complaints of triggering right small + ring, right thumb with pain and shoulder pain that radiates to her neck pain with range of motion. The diagnoses have included status post right trigger finger release, CTR, bilateral cubital released, lateral elbow releases, right trigger thumb and other trigger digits. The injured worker has had Magnetic Resonance Imaging (MRI) of the shoulders, right carpal tunnel release, right cubital tunnel release, right middle trigger finger release and right lateral epicondylectomy/release with some benefits on 5/9/13; left carpal tunnel release, cubital tunnel release, middle trigger finger release and partial lateral epicondylectomy/release on 9/9/13; thumb injections; subacromial corticosteroid injections; physical therapy services; chiropractic services and electrodiagnostic studies. According to the utilization review performed on 12/17/2014, the requested Occupational Therapy 2 times a week for 3 weeks, Bilateral Shoulders has been non-certified. The documentation noted under the rationale that the claimant was injured in 2012 and has had 64 occupational therapy sessions; it was not clear if she has had a new injury or a new procedure; it was not clear why additional physical therapy was expected to improve the claimants condition beyond the 64 sessions that she already had. CA MTUS 2009:9792.24 Chronic Pain Medical Treatment Guidelines and ODG shoulder guidelines were used.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy 2 times a week for 3 weeks, Bilateral Shoulders: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

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

Decision rationale: The 12/17/14 Utilization Review letter states the occupational therapy (OT) requested on the 11/17/14 medical report was denied because the patient had 64 sessions of OT previously. Medical records from 5/19/13 through 11/17/14 show the patient underwent surgery on 5/9/13 right middle trigger finger release; right carpal tunnel release; right flexor tenosynovectomy; right lateral elbow release with debridement; right cubital tunnel release and right elbow common extensor tendon repair. It is not known how many of the 64 OT sessions were post-surgical for the 5/9/13 surgery. There are no OT or PT notes provided to show that any of the therapy was for the shoulders. The most recent report, dated 11/17/14 describes the patient has having neck and bilateral shoulder pain. Shoulder range of motion was limited to 145 degrees flexion. The diagnoses included bilateral shoulder impingement and subacromial bursitis. The physician recommended OT. MTUS Chronic Pain Medical Treatment Guidelines, Physical Medicine section, pages 98-99 states that 8-10 sessions of therapy are indicated for various myalgias or neuralgias. The records suggest the patient has postsurgical PT or OT from the finger, wrist and elbow surgeries. There is no indication that the patient had therapy for the shoulders. The request for OT 2x3 for the shoulders appears to be in accordance with MTUS recommendations. The request for Occupational Therapy 2 times a week for 3 weeks, bilateral shoulders IS medically necessary.