

<b>Case Number:</b>	CM15-0015955		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	10/29/2014
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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 29 year old female, who sustained an industrial injury on 10/29/14. On 1/27/15, the injured worker submitted an application for IMR for review of Occupational therapy x 6 session's bilateral upper extremities. The treating provider has reported the injured worker complained of feeling worse: left shoulder burns more and her right thumb and hand hurts more than before. The diagnoses have included unspecified site of sprain and strain. Treatment to date has included (6) physical therapy visits, acupuncture. On 1/20/15 Utilization Review non-certified Occupational therapy x 6 sessions bilateral upper extremities. The MTUS Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational therapy x 6 sessions bilateral upper extremities:** Upheld

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

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

**Decision rationale:** The patient was injured on 10/29/14 and presents with shoulder pain. The request is for OCCUPATIONAL THERAPY X 6 SESSIONS BILATERAL UPPER EXTREMITIES. There is no RFA provided and she has been working modified duty since last visit but was either let go or fired on 12/19/14. Has not been working since. The 01/08/15 report states that the patient found physical therapy helpful, eager to continue therapies. The utilization review letter states that the patient has already completed 6 sessions of physical therapy. MTUS page 98 and 99 has the following: Physical Medicine: Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS Guidelines page 98 and 99 states that for myalgia and myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. Review of the three reports provided ranging from 12/02/14- 01/08/15 does not indicate if the patient has had any recent surgery. The patient has completed 6 sessions of physical therapy which she found to be beneficial. There is no discussion as to why the patient is unable to do a home exercise program to manage pain. Furthermore, the requested 6 sessions of therapy in addition to the 6 sessions the patient has already had exceeds what is allowed by MTUS guidelines. The requested 6 sessions of physical therapy for the bilateral upper extremities IS NOT medically necessary.