

<b>Case Number:</b>	CM15-0123139		
<b>Date Assigned:</b>	07/07/2015	<b>Date of Injury:</b>	02/18/2014
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2015

### 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, Pain Management

### 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 46 year old female who sustained a work related injury February 18, 2014. According to a doctor's first report, date May 12, 2015, the injured worker is a painter, who complained of injury to her bilateral hands, bilateral wrists, and right shoulder due to repetitive use on 5/12/2015. She has been permanent and stationary since 2/23/2015. Past history included s/p left shoulder arthroscopy, rotator cuff repair, and subacromial decompression February, 2014. Physical examination revealed; joint tenderness bicipital groove; positive impingement bilateral upper extremity, mild soft tissue swelling right greater than left ulnar wrist, with tenderness to palpation. There is pain, right greater than left resisted wrist supination, negative Tinel at wrist/elbow bilateral, negative Phalen's bilateral, negative and Finklestein's bilaterally. Diagnoses are repetitive strain injury; impingement syndrome of right shoulder; bilateral hand pain; bilateral wrist joint pain. Treatment plan included bilateral soft wrist splint and thumb support, dispensed, physical therapy for the right shoulder and at issue, a request for authorization for occupational therapy, right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational therapy for the right shoulder, quantity: 6 sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 114, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Physical Therapy Guidelines.

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

**Decision rationale:** In the case of this injured worker, the submitted documentation indicates that the request for occupational therapy is simultaneous with a request for physical therapy. According to the Chronic Pain Medical Treatment Guidelines, continuation of physical therapy is contingent on demonstration of functional improvement from previous physical therapy. Furthermore, the guidelines do not specify what cases warrant OT & PT to be simultaneously requested. In general, occupational therapy focuses on performance of ADLs, whereas PT focuses primarily on strengthening. There is no comprehensive summary of what the patient is able to do in terms of ADLs and what level of assistance is necessary at baseline. Given this lack of documentation, this request for occupational therapy is not medically necessary.