

<b>Case Number:</b>	CM15-0125385		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	02/21/2013
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 (n) 53 year old male, who sustained an industrial injury on 2/21/13. He reported pain in his right arm and lower back related to a fall. The injured worker was diagnosed as having right shoulder pain. Treatment to date has included a right shoulder x-ray on 3/10/15 with normal results. As of the PR2 dated 3/10/15, the injured worker reports right shoulder pain with lifting and daily activities. Objective findings include decreased right shoulder range of motion and a positive Hawkin's sign. The treating physician noted that the injured worker had not had any treatment with respect to his right shoulder and his symptoms have been going on for approximately 2 years. The treating physician requested occupational therapy 2 x weekly for 4 weeks for the right shoulder.

### 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 4 weeks right shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, occupational therapy two times per week times four weeks to the right shoulder is not medically necessary. 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 negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnosis is right shoulder impingement syndrome. The date of injury is February 21, 2013. The request for authorization is dated May 29, 2015. The most recent progress note by the treating orthopedic primary provider is dated March 10, 2015. Subjectively, the injured worker has right shoulder pain increased with activity and range of motion. Objectively, there is no atrophy range of motion is slightly decreased and strength is 5/5. According to an orthopedic qualified medical examination (QME), the injured worker underwent physical therapy/occupational therapy. The utilization review states the injured worker received 16 sessions of physical therapy. The treating orthopedic provider states the injured worker did not have any physical therapy/occupational therapy. There are no physical therapy/ occupational therapy progress notes in the medical record. There are no compelling clinical facts indicating additional physical therapy/occupational therapy as clinically indicated. Consequently, absent clinical documentation with objective functional improvement from the 16 sessions of physical therapy/occupational therapy (documented in the utilization review and QME) and compelling clinical documentation indicating additional occupational therapy is clinically warranted, occupational therapy two times per week times four weeks to the right shoulder is not medically necessary.