

Case Number:	CM13-0022721		
Date Assigned:	11/13/2013	Date of Injury:	03/18/2013
Decision Date:	01/14/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/11/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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 underlying date of injury in this case is 03/18/2013. The reference diagnosis is tenosynovitis of the hand/wrist. A prior physician review notes that this patient has the mechanism of injury of repetitive trauma. The patient is status post a left de Quervain's decompression and synovectomy. The patient underwent 12 postoperative therapy visits so far. That reviewer noted that the medical records were not legible and therefore it was not possible to make further recommendations regarding additional treatment. On 09/11/2013, an agreed medical examination note reports that the patient had the provisional diagnosis of de Quervain tenosynovitis and a repetitive stress injury, rule out carpal tunnel syndrome. This report was prepared almost 2 weeks after the prior physician review. That note indicates that the patient reported that her physician had requested surgery but this was not yet accepted and she had not yet had electrodiagnostic testing. The agreed medical examiner stated that he did not have access to the patient's medical records and therefore a supplemental report might follow. Overall the plan was to first clarify the patient's diagnosis and then make further treatment recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient occupational therapy two (2) times a week for six (6) weeks to the left wrist:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)..

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Physical Medicine, page 98, states, "Active therapy requires an internal effort by the individual to complete a specific exercise or task." The guidelines therefore encourage therapy to be individualized for a particular patient. The medical records are partially legible and overall do not clearly outline the outcome of past therapy nor do the records clearly outline the specific methods and goals proposed for additional occupational therapy. At this time, the request for treatment is not medically necessary.