

Case Number:	CM13-0037116		
Date Assigned:	12/13/2013	Date of Injury:	06/03/2008
Decision Date:	02/14/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/23/2013

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 Pain Management, has a subspecialty in Interventional Spine 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 patient is a 50 year old female with a date of injury of 06/03/2008. The patient has diagnoses of left wrist pain, left carpal tunnel surgery (2010) with residual symptoms, right carpal tunnel syndrome, and left shoulder and left arm pain with de Quervain's tendinitis. Examination showed soft tissue tenderness on palpation of the left wrist and forearm with positive Finkelstein sign extending along the course of the extensor tendon of the left thumb. Increase in pain is noted with the extremes of flexion and extension of the left wrist as well as with palpation. The provider is requesting an additional 12 therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy for the left wrist/hand (12 visits): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7,98-99.

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

Decision rationale: This patient presents with left wrist pain, history of left carpal tunnel surgery (2010) with residual symptoms, right carpal tunnel syndrome and left shoulder and left

arm pain with de Quervain's tendinitis. According to a report dated 08/27/2013 by [REDACTED], the patient has received 3 out of 8 physical therapy sessions for her wrist. The report dated 09/27/2013 by [REDACTED] states that the patient has now completed a course of therapy with good partial response and reports about a 40% reduction of overall symptoms with recurrent flare of pain depending on her activity. The MTUS guidelines recommend 9-10 sessions of therapy for myalgia/myositis type symptoms. The requested 12 sessions exceeds what is recommended per the guidelines. Therefore, the requested occupational therapy is not medically necessary.