

Case Number:	CM13-0040582		
Date Assigned:	12/20/2013	Date of Injury:	01/31/2013
Decision Date:	06/05/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/29/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation 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 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/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 reported a date of injury of 01/31/2013. According to a report dated 09/16/2013 by [REDACTED], the patient presents with right neck, left thumb, bilateral forearm, and hand pain. The report indicates that the patient has participated in "3 of 8 sessions and 5 or 6 sessions with both respectively." Examination of the bilateral upper extremities revealed positive left Finkelstein sign. There is tenderness over the left supinator insertion. There is moderate pain over the bilateral medial and lateral epicondyles. The patient has negative Cozen sign but painful upon compression of the extensor aspects of his mid forearms. The physician is requesting occupational therapy 2 times a week for 4 weeks for the right wrist. Utilization review dated 10/14/2013 denied this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

OCCUPATIONAL THERAPY TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS FOR THE RIGHT WRIST: 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: This patient presents with right neck, left thumb, bilateral forearm, and hand pain. The physician is requesting additional occupational therapy 2 times a week for 4 weeks for the right wrist. According to [REDACTED] progress report from 10/09/2013, the patient had received 8 sessions thus far. The physical therapy included the C-spine, elbow, T-spine, shoulder, and wrist complaints. For physical medicine, the MTUS Guidelines page 98-99 recommends for myalgia and myositis type symptoms, 9 to 10 visits over 8 weeks. In this case, the patient has already participated in 8 physical therapy sessions. The requested additional 8 exceeds when combined with the 8 already received exceeds what is recommended by MTUS. Therefore, the request for occupational therapy 2 times a week for 4 weeks for the right wrist is not medically necessary and appropriate.