

Case Number:	CM13-0055091		
Date Assigned:	12/30/2013	Date of Injury:	03/15/2013
Decision Date:	04/30/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/20/2013

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 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 underlying date of injury in this case is 03/15/2013. The treating diagnoses include triggering of the right long, ring, and small fingers as well as right elbow lateral epicondylitis. The patient's treating orthopedist saw the patient in follow-up on 10/02/2013 and noted that the patient was complaining of right hand and arm pain with stiffness in her fingers, which she attributed to her usual and customary duties working on a computer. On exam, there was no swelling or ecchymosis or deformity in the right long, ring, and small fingers. The patient had an intact extensor mechanism throughout with no lag against resistance. The patient did have triggering with active motion. At the right elbow, the patient had mild tenderness in the lateral epicondyle with no tenderness along the radial tunnel with normal neurological function. The patient was treated with a corticosteroid injection. Continued occupational and physical therapy was recommended three times a week for 4 weeks. The patient was noted to have previously progressed mildly with physical and occupational therapy. The initial physician review on 10/31/2013 recommended a non-certification of a request for additional occupational therapy and recommended certification of a follow-up physician appointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

OCCUPATIONAL THERAPY THREE (3) TIMES A WEEK FOR FOUR (4) WEEKS AT [REDACTED] BETWEEN 10/2/2013 AND 12/8/2013:
Upheld

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

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

Decision rationale: The Medical Treatment Utilization Schedule, section on physical medicine, recommends 9-10 visits for myalgia or myositis and overall recommends to allow for fading of treatment frequency and a transition to active self-directed home physical medicine. The treatment guidelines would anticipate that this patient would have transitioned to an independent home rehabilitation program by the timeframe under review. The medical records do not clearly provide specific discussion of the rationale or methods or goals which would require additional supervised occupational therapy rather than independent home rehabilitation. This request is not medically necessary.