

Case Number:	CM14-0009588		
Date Assigned:	02/14/2014	Date of Injury:	06/05/2013
Decision Date:	08/08/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/24/2014

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 Occupational Medicine 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 is a 63-year-old female who has submitted a claim for right flexor carpi radialis (FCR) tendinitis, scaphotrapezotrapezoidal (STT) arthritis, and persistent wrist pain associated with an industrial injury date of 06/05/2013. Medical records from 06/20/2013 to 02/06/2014 were reviewed and showed that patient complained of shooting pain graded 2-3.5/10 over the right wrist which was aggravated by using a computer mouse or writing. She was able to participate in nurse practitioner duties such as gynecologic and knee exams with the aid of a neoprene brace. She was advised to take a 20-minute break after every hour of work. Physical examination revealed absence of edema and regional atrophy over the right forearm and wrist. No tenderness from FCR tendon was noted. There was tenderness upon palpation of the volar aspect of the forearm at the STT articulation. The right wrist approximated full ROM. Intact muscle strength grade of wrist and hand at 5/5 and 4+/5 with the rested and fatigued state, respectively, was noted. Right hand grip strength was strong with no reported pain. There were no sensory deficits noted on the right wrist and hand. X-ray of the right wrist dated 09/19/13 revealed scaphotrapezotrapezoidal (STT) arthritis. Treatment to date has included 24 completed visits of occupational therapy, home exercise program, NSAIDs, ice applications, two cortisone injections to the FCR tunnel (8/27/2013 and 1/22/2014), and thumb/wrist brace. Utilization review, dated 01/14/2014, denied the request for four visits of occupational therapy to the right wrist because the objective findings revealed a resolved FCR tendinitis and persistent STT arthritis. The wrist pain emanates from STT arthritis that does not necessitate occupational therapy treatment. Additionally, the patient has completed 24 sessions of occupational therapy and should have been well-versed with an independent home ROM and strengthening exercise program without the supervision of a licensed occupational hand therapist.

IMR ISSUES, DECISIONS AND RATIONALES

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

OCCUPATIONAL THERAPY CONTINUATION X 4: Upheld

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

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), Forearm, Wrist, and Hand, Synovitis and Tenosynovitis, Physical/Occupational Therapy.

Decision rationale: According to pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Moreover, physical medicine guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. Official Disability Guidelines recommend 9 visits over 8 weeks of physical/occupational therapy for synovitis and tenosynovitis. In this case, the patient has completed 24 visits of occupational therapy and should be capable of continuing home exercise program to improve her general upper body endurance which limits work functionality., The request likewise failed to specify body part to be treated. Therefore, the request for Occupational Therapy Continuation x 4 are not medically necessary.