

Case Number:	CM14-0015508		
Date Assigned:	02/28/2014	Date of Injury:	03/02/2012
Decision Date:	06/30/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/06/2014

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 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 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:

According to the records made available for review, this is a 49-year-old male with a 3/2/12 date of injury. At the time of request for authorization (01/13/2014) for additional occupational therapy (OT) two (2) times a week for four (4) for left wrist/hand, there is documentation of subjective (notes that acupuncture is helping) and objective (rash is disappearing) findings. The current diagnoses include De Quervain's tenosynovitis, ulnar nerve sensory injury, and left reflex sympathetic dystrophy (RSD). The treatment to date included twelve (12) occupational therapy sessions and twelve (12) acupuncture sessions. There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of previous occupational therapy sessions to date; and a statement of exceptional factors to justify going outside of guideline parameters.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL OCCUPATIONAL THERAPY (OT) TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS FOR LEFT WRIST/HAND: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand Chapter, Physical Therapy and Title 8, California Code of Regulations, section 9792.20.

Decision rationale: The Chronic Pain Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed ten (10) visits over four to eight (4-8) weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. The MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The Official Disability Guidelines recommend a limited course of physical therapy for patients with a diagnosis of tenosynovitis not to exceed nine (9) visits over eight (8) weeks. The ODG also notes that patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of De Quervain's, ulnar nerve sensory injury, and left reflex sympathetic dystrophy (RSD). In addition, there is documentation of twelve (12) occupational therapy sessions completed to date, which exceeds the guideline recommendations. Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of previous occupational therapy sessions to date. Lastly, there is no documentation of a statement of exceptional factors to justify going outside of guideline parameters. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.