

Case Number:	CM14-0019292		
Date Assigned:	04/23/2014	Date of Injury:	04/27/2012
Decision Date:	07/03/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/14/2014

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 & 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 injured worker is a 34 year old female who reported an injury of unknown mechanism on 01/26/2011. In the clinical note dated 01/07/2014, the injured worker complained of persistent right thumb and right upper extremity pain. She described her pain as throbbing and stabbing with a rating of 8/10. She also stated that she had intermittent cramps in the right hand and forearm muscles. Voltaren gel helped with pain and inflammation. It was documented that the injured worker was able to work with restrictions but had to take ibuprofen for pain and inflammation. It was also documented that the injured worker wanted to pursue additional occupational therapy of which she stated helped her greatly. The prescribed medications were baclofen and ibuprofen. An EMG and nerve conduction study were performed on 10/01/2013 which showed mild right median sensory neuropathy at the wrist. The physical examination revealed tenderness in the right hand intrinsic muscles. The diagnoses included right De-Quervains tenosynovitis. The treatment plan included voltaren gel 1% 2-3gm to be applied 4 times a day to the right shoulder and the right wrist for superficial pain and inflammation and a request for authorization for 8-12 sessions of occupational therapy for the injured workers right wrist and hand pain. The request for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

OCCUPATIONAL THERAPY, 8-12 SESSIONS TO THE RIGHT HAND AND WRIST:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS guidelines state that hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in complex region pain syndrome. The clinical note lacked documentation of deficits of range of motion and strength and it was unclear if the injured worker participated in a home exercise program as it was documented that she has previously participated in occupational therapy sessions. The clinical note also documented that the prescribed medications helped with inflammation and pain. The efficacy of the prior therapy was unclear within the provided documentation. As such, the request for occupational therapy, 8-12 sessions to the right hand and wrist is not medically necessary.