

Case Number:	CM14-0159838		
Date Assigned:	10/03/2014	Date of Injury:	09/28/2013
Decision Date:	10/30/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/29/2014

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 injured worker is a 64-year-old right-hand dominant female with a date of injury of September 28, 2013. It was indicated that on that date while pulling a basket full of clothing, she felt a pop in her wrist and immediately started feeling sharp pain in her right wrist. She was diagnosed with (a) status post right DeQuervain's release and wrist arthroscopy with debridement of partial scapholunate ligament tear and lunate chondromalacia on April 18, 2014 and (b) left wrist pain, compensatory. In the most recent progress note dated July 14, 2014 it was indicated that she complained of pain in the right thumb and wrist radiating up in the forearm as well as pain in her left forearm. The right wrist pain was located on the dorsal, radial and ulnar aspects. She has completed 10 out of 12 therapy visits. Objective findings to the bilateral upper extremities included slight swelling in the right ulnar, dorsal and radial wrists. Diffuse tenderness was noted over the bilateral wrists. She was to continue with her home exercise program. She was recommended to conservatively treat her left wrist complaints. Methoderm gel was prescribed and she was fitted with a left wrist splint. This is a review of the requested occupational therapy at a frequency of twice a week for six weeks directed to the right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy twice a week for six weeks (2x6), to the right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: The medical records received have limited information to support the necessity of occupational therapy at a frequency of twice a week for six weeks. It was indicated in the medical records that the injured worker had completed 10 out of 12 of the requested therapy to the same body part, however, there is lack of documentation of her responses to the treatment sessions (functional improvement) and there was no treatment plan adjunct to the requested therapy. Moreover, it should be noted that she was already performing a home exercise program and there are no compelling evidence of a current flare-up of her symptoms as it was indicated in the progress note that her subjective complaints exceeded her objective physical symptoms. Therefore, the medical necessity of the requested occupational therapy, two times a week for six weeks to the right wrist is not established.