

Case Number:	CM14-0164910		
Date Assigned:	10/09/2014	Date of Injury:	03/28/2014
Decision Date:	11/28/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/06/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 66-year-old female with a 3/28/14 date of injury. At the time (9/9/14) of request for authorization for Occupational therapy x 8 bilateral wrist, there is documentation of subjective complaints neck, low back, and bilateral upper/lower extremity pain. The objective findings include limited bilateral wrist range of motion and tenderness to palpation over flexor as well as extensor tendons. The current diagnoses include bilateral wrist tendonitis and left de quervain's tendinosis. The treatment to date includes 17 sessions of occupational/physical therapy treatments and medications. Medical report identifies that occupational therapy was helpful in the past. There is no documentation of a statement of exceptional factors to justify going outside of guideline parameters; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medical services as a result of previous occupational therapy treatments completed to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy x 8 bilateral 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 physical medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, & Hand, Occupational Therapy (OT) and Non-MTUS Title 8, California Code of Regulations, section 9792.20.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 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. 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. Official Disability Guidelines (ODG) recommends a limited course of physical therapy for patients with a diagnosis of de quervain's not to exceed 12 visits over 8 weeks. ODG also notes 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 bilateral wrist tendonitis and left de quervain's tendinosis. In addition, there is documentation of 17 sessions of previous occupational/physical therapy treatments completed to date, which exceeds guidelines. Functional deficit and functional goals were also noted. In addition, there is no documentation of a statement of exceptional factors to justify going outside of guideline parameters. Furthermore, despite documentation that occupational therapy was helpful in the past, there is no (clear) 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 medical services as a result of previous occupational therapy treatments completed to date. Therefore, based on guidelines and a review of the evidence, the request for occupational therapy x 8 bilateral wrist is not medically necessary.