

Case Number:	CM14-0166250		
Date Assigned:	10/13/2014	Date of Injury:	07/30/2013
Decision Date:	12/12/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/08/2014

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 Texas. 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 42 year old female with a date of injury on 7/30/2013. Notes indicate a diagnosis of right forearm tendinitis which was treated with occupational therapy and steroid injections. By 5/14, the injured worker had completed at least 13 occupational therapy (OT) sessions with some improvement and was to return to work with restrictions. In 7/14, it seems that the injured worker was seen by another treating physician, who advised occupational therapy (OT) x 12 sessions. Diagnoses included bilateral radial tunnel, bilateral forearm tendinitis, right sided carpal tunnel and history of deQuervain's. A request for more occupational therapy (OT) was made in 9/14, as well.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy 2 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

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

Decision rationale: The injured worker has diagnoses of right sided carpal tunnel, a history of deQuervain's tenosynovitis, and forearm tendinitis. She has completed at least 30 occupational

therapy sessions since 12/13. There is a request for 12 more occupational therapy sessions from 9/14. The therapy notes indicate ongoing thumb and wrist pain with edema. There is decreased grip strength with some spasms in the right forearm. There is limited active range of motion in the thumb, wrist and elbow. At this time, there is no appropriate indication for more occupational therapy (OT). The injured worker has had at least 30 sessions to date, with ongoing pain and dysfunction. Data would suggest at this point that the injured worker should be discharged to an independent home exercise program (for which I do not see any data that the injured worker is engaged in this). Noting persistence of pain and dysfunction, it appears that other treatment plans should be formulated. Therefore, the request is not medically necessary, per MTUS.