

Case Number:	CM14-0023723		
Date Assigned:	06/11/2014	Date of Injury:	10/22/2013
Decision Date:	07/15/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/24/2014

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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 37 year old male who reported an injury on 10/22/2013 due to moving boot boxes. The injured worker complained of increased pain on the dorsal thumb and increased tingling on left dorsal hand and finger tips. The injured worker also reported inconsistent numbness/tingling and increased tremors. The injured worker stated that symptoms were getting better with therapy. Physical examination findings show tenderness over the volar and radial aspects of the left wrist, as well as over the first metacarpophalangeal joint. The examination findings also showed wrist range of motion on the right with extension to be 65 degrees, flexion 70 degrees, supination 80 degrees and pronation 85 degrees. On the left wrist to be 50 degrees on extension, 50 degrees on flexion, 15 degrees on radial deviation and 30 degrees on ulnar deviation. The injured worker has a diagnosis of De Quervain's Tendinosis. The injured worker has completed 12 sessions of occupational therapy with noticeable improvements. The treatment plan is for additional occupational therapy (ot) two times a week for six weeks (2x6) for left wrist. The rationale for request was for additional occupational therapy for weakness. The request for authorization form was submitted on 02/4/2014 by [REDACTED]

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 TIMES A WEEK FOR SIX WEEKS (2X6) FOR LEFT WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264.

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

Decision rationale: The request for additional occupational therapy (ot) two times a week for six weeks (2x6) for left wrist is not medically necessary. The injured worker complained of increased pain on the dorsal thumb and increased tingling on left dorsal hand and finger tips. The injured worker also reported inconsistent numbness/tingling and increased tremors. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that occupational therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. California MTUS guidelines allow 9-10 visits over 8 weeks for occupational therapy. Though the injured worker has shown improvements with range of motion, with prior physical therapy. The request is for an additional 12 sessions exceeds California MTUS guidelines. As such, the request for additional occupational therapy (ot) two times a week for six weeks (2x6) for left wrist is not medically necessary.