

Case Number:	CM14-0046623		
Date Assigned:	07/02/2014	Date of Injury:	07/25/2007
Decision Date:	08/25/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/15/2014

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 patient is a 44-year-old female who has submitted a claim for Right Thumb Pain and History of De Quervain's and Tendon Release associated with an industrial injury date of July 25, 2007. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of less hand swelling with occupational therapy and that she was using an edema glove. Range of motion was improved. However, she stated that she couldn't grip well still. There was pain on thumb flexion. On physical examination of the right wrist, swelling was noted. There was no limitation in wrist range of motion. Tinel's and Phalen's signs were negative. Tenderness was noted on the dorsal wrist, first dorsal compartment, and scapho-lunate articulation. Right hand examination revealed swelling and tenderness over the proximal interphalangeal and metacarpophalangeal joints of the thumb. Range of motion was restricted. Finkelstein's test was positive. Right hand radiographs dated February 26, 2014 revealed a preserved radiocarpal joint space; no fracture, joint subluxation, or bony erosion; tiny osteophytes at the first metacarpal head; 2-mm diameter cyst seen at the lunate and third metacarpal head; normal bone mineralization; and soft tissues were unremarkable. Treatment to date has included medications, wrist injections, release of De Quervain's tenosynovitis, and occupational therapy for her hand. Utilization review from April 10, 2014 denied the request for CT Scan R hand Wrist because guideline criteria were not met; and OT 2x4, R Wrist hand because the patient had extensive therapy since 2009 but the records did not document the timeframe, the total number of sessions of therapy was completed, the benefits derived from prior therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Scan R hand Wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand Chapter (Acute & Chronic).

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

Decision rationale: According to Table 1 of the ACOEM Practice Guidelines referenced by CA MTUS, CT of the wrist and hand is recommended for: (1) follow-up of selected patients with crush injuries or compartment syndrome; (2) to diagnose ulnar nerve entrapment at the wrist if a hook of the hamate fracture is suspected; or (3) to diagnose occult scaphoid fracture when clinical suspicion remains high despite negative x-rays. In this case, a CT of the right wrist was requested to better evaluate the lunate cyst seen on x-ray. However, there was no discussion regarding what further details a CT scan will provide and how the results will alter the patient's management. In addition, guideline criteria were not met. Therefore, the request for CT Scan for right hand and wrist is not medically necessary.

OT 2x4, R Wrist hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Physical Therapy/occupational therapy.

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

Decision rationale: According to pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In addition, guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. In this case, occupational therapy was requested due to marked swelling in the wrist and hand with losses in range of motion of the thumb. The most recent progress note revealed that the patient was already undergoing occupational therapy, which has resulted in less hand swelling and improved range of motion. However, the records did not reflect the number of therapy sessions that were already completed. Although occupational therapy may be appropriate, further details are needed to determine the necessity of continued occupational therapy. Therefore, the request for Occupational Therapy is not medically necessary.