

Case Number:	CM14-0080010		
Date Assigned:	07/18/2014	Date of Injury:	11/05/2013
Decision Date:	08/28/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/30/2014

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 and Rehabilitation 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 female who reported an injury on 11/05/2013. The mechanism of injury was noted to be cumulative trauma from continuous writing, typing and constant mousing. Her diagnoses were noted to be de Quervain's disease, possible torn triangular fibrocartilage of the right wrist, status post right open carpal tunnel release in 1975, status post right middle, ring and thumb trigger release in 1985, psoriatic arthritis, diabetes mellitus, and left wrist overuse syndrome. Her prior treatments were noted to be medication, physical therapy, occupational therapy, home exercise, and cortisone injections. The injured worker had a clinical evaluation on 04/16/2014. The injured worker's complaints were pain in her left elbow that radiated down her forearm into her wrist. She reported swelling of her fingers of her left hand. In regard to the right wrist, the injured worker complained of constant aching, numbness and tingling that radiated to the right hand. The physical examination noted no apparent distress. There was active range of motion to the right shoulder and elbow and it was noted to be painless. Range of motion to the wrist and hand was noted to be painless bilaterally. There was nonspecific tenderness about the right shoulder and elbow upon palpation with no tenderness or atrophy. Upper extremity sensation, motor function, reflexes, and circulation was intact. Grip strength was greater in the right than left. The injured worker's medications were noted to be Glucophage, Lantus, Methotrexate, Protonix, Synthroid, Humalog, and Effexor. The treatment plan was for additional exercise, NSAIDs, referral for occupational therapy, and a follow up in 6 weeks. The provider's rationale for the request was noted in the treatment plan of the physical evaluation on 04/16/2014. The Request for Authorization for medical treatment was not provided with the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy to bilateral hands/wrist, two times a week for six weeks.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Hand and Wrist.

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

Decision rationale: The request for occupational therapy to bilateral hands/wrists, 2 times a week for 6 weeks is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines state that physical medicine with passive 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. Treatment is recommended for a maximum of 9 to 10 visits for myalgia and myositis and 8 to 10 visits may be warranted for treatment of neuralgia, neuritis and radiculitis. According to the clinical evaluation submitted for review, the injured worker has radicular symptoms of radiating pain and numbness and tingling in the upper extremities. The injured worker has had prior therapy although it is not noted how many visits. It is also unclear if the prior therapy provided effective. The request is for 12 visits. The guidelines only allow up to 10. The request is in excess of the guideline provisions. Therefore, the request for occupational therapy to bilateral hands/wrists, 2 times a week for 6 weeks is not medically necessary.