

Case Number:	CM14-0090283		
Date Assigned:	07/23/2014	Date of Injury:	04/16/2011
Decision Date:	09/09/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/16/2014

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 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 54 year old female who was injured on 12/13/2011 while she was typing on the computer when she developed pain in her left wrist. Prior treatment history has included home exercise program and 6 sessions of acupuncture, hand therapy 6-8 sessions. Prior medication history included atorvastatin, Voltarin gel, Benicar, Percocet, Maxide, Klor-Con, and Lunesta. The patient underwent a right shoulder arthroscopy in 2010 and left wrist ECU tenosynovectomy in 07/2010. Diagnostic studies reviewed include MRI of the left wrist dated 01/10/2012 revealed tendinopathy and probable intrasubstance tear without retraction of the extensor carpi ulnaris. Progress report dated 05/22/2014 indicates the patient complained of continued pain in the operated left wrist. On exam, the left wrist revealed no swelling. There is tenderness at the dorsal ulnar and styloid. Sensation was intact. Range of motion is full on pronation and supination; grip strength is full. She is diagnosed with tenosynovitis of hand/wrist, left wrist dorsal and ulnar sided pain; and wrist pain. The patient was recommended for six sessions of occupational therapy visits for the left wrist. Prior utilization review dated 06/03/2013 states the request for 6 occupational therapy visits for the left wrist twice a week for 3 weeks as an outpatient is modified to 3 visits for the left wrist, 3 visits as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 occupational therapy visits for the left wrist 2x3: 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, 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Physical/Occupational therapist of leg, wrist and hands, ODG).

Decision rationale: Per ODG guidelines allow 9 occupational therapy visits over 8 weeks for treatment of wrist sprain/strain, pain and tenosynovitis. In this case, the injured worker has already received 8 visits. However, there is no documentation of a significant improvement in pain or function with prior therapy. Additional OT visits will exceed the recommended number of OT visits for this condition. Furthermore, the injured worker should be well-versed with the home exercise program. Therefore, the medical necessity of the request for 6 OT visits is not established per guidelines and submitted records.