

<b>Case Number:</b>	CM14-0091276		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	06/18/2013
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	05/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 31 year old male whose date of injury is 06/18/2013. On this date he hit the radial side of his wrist against the edge of a table while lifting boxes at work. The injured worker underwent right first dorsal compartment release on 02/28/14 and has completed 15 postoperative occupational therapy visits to date. Physical examination on 04/14/14 indicates that the injured worker has full range of motion in all digits of right hand and wrist. Finkelstein is negative. There is mild swelling at the surgical site. Per note dated 05/28/14, the injured worker has made good gains with right wrist range of motion, but still most limited with wrist extension. Diagnosis is radial styloid tenosynovitis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Occupational Therapy 12 Sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 21.

**Decision rationale:** Based on the clinical information provided, the request for additional occupational therapy 12 sessions is not recommended as medically necessary. The injured

worker underwent right first dorsal compartment release on 02/28/14 and has completed 15 postoperative occupational therapy visits to date. CA MTUS guidelines support up to 14 sessions of occupational therapy for the injured worker's diagnosis, and there is no clear rationale provided to support exceeding this recommendation. There are no exceptional factors of delayed recovery documented. The injured worker has completed sufficient formal therapy and should be capable of continuing to improve strength and range of motion with an independent, self-directed home exercise program.

**TENS (Transcutaneous Electrical Nerve Stimulation) Unit Purchase:** 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 Transcutaneous electrotherapy Page(s): 114-117.

**Decision rationale:** Based on the clinical information provided, the request for TENS unit purchase is not recommended as medically necessary. The submitted records fail to establish that the injured worker has undergone a successful trial of TENS as required by CA MTUS guidelines to establish efficacy of treatment. There are no specific, time-limited treatment goals provided as required by CA MTUS guidelines. Therefore, medical necessity of the requested TENS unit cannot be established.