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| Case Number: | CM14-0099175 | | |
| Date Assigned: | 07/30/2014 | Date of Injury: | 12/23/2013 |
| Decision Date: | 08/29/2014 | UR Denial Date: | 06/13/2014 |
| Priority: | Standard | Application Received: | 06/27/2014 |

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 & Rehab 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 52-year-old female who reported an injury on 12/23/2013. The injury reportedly occurred to her right wrist when lifting a patient at work. She was diagnosed with de Quervain's tenosynovitis of the right wrist. A 06/03/2014 clinical note indicated that the injured worker had not had occupational therapy, an MRI, a steroid injection, or taken any medications since her injury. Her symptoms were noted to include right radial-sided wrist pain. Her physical examination was noted to foveal tenderness to palpation along the first dorsal compartment of the wrist, positive Finkelstein's maneuver, normal sensation, normal motor strength, and normal range of motion of the wrist. The treatment plan was noted to include topical Voltaren gel and occupational therapy. A specific rationale for the requested occupational therapy was not provided. The Request for Authorization form was submitted on 06/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy 24 sessions to the right wrist: 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 rationale: According to the California MTUS Guidelines, up to 10 visits of physical therapy may be supported in the treatment of unspecified myalgia and myositis to promote functional gains, with a recommendation for active therapies over passive modalities. The guidelines also state that physical therapy treatments should include instruction in a home exercise program. The clinical information submitted for review indicated that the injured worker suffered a right wrist injury when lifting a patient and had significant pain in the right wrist. The documentation indicated that she had not been treated with occupational therapy previously. Her physical examination revealed full range of motion and normal motor strength. In the absence of documentation showing objective functional deficits, physical therapy is not supported. Further, the request for 24 sessions of occupational therapy exceeds the guidelines' recommendation of 10 visits; and the documentation failed to show exceptional factors to warrant an exception to the guidelines. In summary, base on the number of visits requested and the lack of functional deficits on physical examination, the requested occupational therapy is not supported. As such, the request is not medically necessary.