

Case Number:	CM14-0108330		
Date Assigned:	08/01/2014	Date of Injury:	01/25/2013
Decision Date:	01/26/2015	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/11/2014

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, has a subspecialty in Interventional Spine 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:

This patient is a 55 year old female with an injury date of 1/25/13. Based on the 6/18/14 progress report, this patient complains of "constant 7/10 pain in right wrist with pain radiating up the right arm into the axilla." Neurologic exam is positive for numbness and tingling. Exam is positive for high frequency resting tremor in the right hand. Tinel's sign is positive in the right hand. Finkelsteins test is positive in the left wrist. Also noted in the progress note was the NCS testing, performed on 3/20/14, which showed "electromyographic evidence of right median neuropathy, carpal tunnel syndrome, of mild severity." Diagnoses are right carpal tunnel syndrome, de Quervains tenosynovitis, and repetitive strain injury. Work status as of 6/18/14: Modified work. The utilization review being challenged is dated 6/27/14. The request is for occupational therapy two times a week for three weeks for the right wrist. The request was non-certified due to the lack of "range of motion (ROM) deficits and no recorded muscle strength testing to warrant six occupational therapy (OT) visits." The requesting provider has provided reports from 9/13/13 to 6/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy two times a week for three weeks: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Other Disorders of Synovium, Tendon and Bursa Section, Topic 727.04 Radial styloid tenosynovitis (de Quervain's)

Decision rationale: This patient presents of constant pain in the right wrist with pain radiating up the right arm. The treater requests Occupational therapy two times a week for three weeks for the right wrist per report dated 6/18/14, to reduce pain and improve function. Regarding De Quervain's, Official Disability Guidelines (ODG) guidelines allow for 12 physical therapy visits, plus active self-directed home physical therapy (PT). Per the 6/18/14 report, treatment progress notes this patient's symptoms are "worsening" when compared to the previous visit. The report filed on 2/5/14, this patient has "had 6 therapy sessions." However, a review of submitted documents do not indicate the total sessions this patient has received. Given the following factors: worsening symptoms, 7/10 pain in the right wrist that radiates up the right arm into the axilla, an abnormal nerve conduction study performed on 3/20/14, and positive Tinel's sign; the request for an additional six sessions seems appropriate and within ODG guidelines, to reduce pain and improve function. The request is medically necessary.