MAXIMUS Federal Services

Case Number:	CM14-0166575		
Date Assigned:	10/13/2014	Date of Injury:	06/06/2012
Decision Date:	09/15/2015	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/09/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Orthopedic Surgery, Hand Surgery, Sports Medicine

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 65 year old female who sustained an industrial injury on June 6, 2012. She has reported pain in her thumb and left hand and has been diagnosed with left elbow lateral epicondylitis, left hand tenosynovitis, left wrist tenosynovitis, left thumb tenosynovitis with a trigger, and left carpometacarpal degenerative arthritis of the left thumb and de Quervain syndrome of the left wrist. Treatment has included modified work duty, physical therapy, and injections. The left thumb did have a trigger at the metacarpophalangeal joint and the thumb did lock during the examination. There was crepitation of the left carpometacarpal joint with significant spurring of degenerative arthritis that was present with crepitation of moderate in nature. On the right thumb, she had mild carpometacarpal degenerative joint symptoms with crepitation. Adduction of the thumb on the right side was able to touch the fifth metacarpal head and the left thumb was 1.5 inches from the left fifth metacarpal head. The treatment request included Occupational therapy 6 visits for lateral epicondylitis shoulder region and tenosynovitis of the hand and wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy, 6 visits lateral; epicondylitis, shoulder region, tenosynovitis hand/wrist and elbow pain: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 19, 21.

Decision rationale: This is a request for additional therapy. No records from the treating physician within the last year are provided in support of the request. Available records note May 9, 2014 surgery for first dorsal wrist compartment release and trapezium resection after which therapy was performed. The most appropriate California MTUS guidelines would be post-surgical guidelines for radial styloid tenosynovitis or wrist arthroplasty which support up to a maximum 24 visits in a maximal postsurgical physical medicine treatment period of 6 months. The injured worker is well outside the six-month treatment window and at this point over one year following surgery there is no reasonable expectation that additional therapy would bring about substantial functional improvement such as return to work and decreased reliance on medical treatment. The request is not medically necessary.