

Case Number:	CM14-0190863		
Date Assigned:	11/24/2014	Date of Injury:	08/15/2014
Decision Date:	01/09/2015	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	11/17/2014

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 Emergency 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:

This case involves an injured worker who reported a cumulative trauma injury on 8/15/2014. The patient has a diagnosis of left wrist extensor tenosynovitis. Medical reports reviewed and last report available until 10/2/14. The patient has persistent pain to wrist radiating to dorsum of forearm and base of thumb. Objective exam reveals left wrist and arm with no swelling; diffuse tenderness from dorsum of wrist, hand and forearm; full range of motion; negative Tinel's, Phalen's and median nerve compression test; and Finkelstein negative. Treatment has included ibuprofen and wrist brace. The patient has already completed 6 prior physical therapy visits in September 2014; however, there are reportedly 7 more sessions approved and pending. Independent Medical Review is for occupational therapy visits with evaluation of left hand #8 visits which prior UR on 10/10/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 occupational therapy visits with evaluation for the left hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist & Hand, Physical/Occupational Therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: As per MTUS Chronic Pain Medical Treatment Guidelines, physical medicine, such as occupational therapy, is recommended for many situations with evidence showing improvement in function and pain. Guidelines also recommend only up to 10 physical therapy sessions for the diagnosis listed. The patient has only undergone 7 sessions and has another 7 approved. There is no documentation as why additional sessions are being requested or a change from physical to occupational therapy is needed. Therefore, this request is not medically necessary.