

Case Number:	CM14-0199754		
Date Assigned:	12/10/2014	Date of Injury:	04/03/2014
Decision Date:	01/26/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/01/2014

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 Internal 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 (IW) is a 30-year-old woman with a date of injury of April 30, 2014. The mechanism of injury was not documented in the medical record. The injured worker's current diagnosis is status post tenovagotomy of the left wrist dorsal compartment with extensor tenosynovectomy with residual symptoms and inadequate therapy. Pursuant to the progress note dated December 3, 2014, the IW is 11 weeks out status post tenovagotomy of the left wrist first dorsal compartment. The IW has residual discomfort with pain upon extension of the wrist and thumb extension of the surgical site and radial aspect of the wrist. Physical examination reveals mild scar tenderness, and mild tenderness at the base of the TMC joint. Grind is negative. The IW has full range of motion in all digits, hand and wrist. Sensory and motor exam intact. There are no color or temperature changes. No allodynia, hyperpathia or hyperesthesias noted. Current medications include Voltaren, Protonix, and Ultram. The IW has had 12 occupational therapy (OT) visits post operatively according to the therapy note dated November 6, 2014. The OT progress note indicates the IW has improved left wrist mobility, decreased edema in the left wrist, decreased pain in the left wrist, and increased functional independence. The IW has been instructed on a home exercise program. The current request is for continued 12 more sessions of OT.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 additional OT sessions, three times a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 12 additional occupational therapy sessions three times a week for four weeks are not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is only in a positive direction, no direction or negative direction (prior to continuing with physical therapy. Frequency and duration of physical therapy are guided by the specific disease state. The guidelines allow for fading of treatment frequency plus active self-directed home physical therapy. In this case, the injured worker is status tenovaginitis of the left wrist first dorsal compartment with extensor tenosynovectomy. The injured worker received 12 physical therapy visits according to the physical therapy progress note dated November 6, 2014. Current progress notes improved left wrist mobility; decreased edema; decreased pain left wrist; and increased functional independence. The physician's physical exam states scar tenderness, mild tenderness at base of TMC joint, grind is negative, full range of motion in all digits left hand and wrist, sensory and motor exam intact, no color or temperature change, no allodynia or hyperesthesias. There is no clinical rationale clinical indication documented by the treating physician as to why the injured worker requires additional supervised physical therapy. The injured worker received 12 physical therapy sessions and should be well-versed in a home exercise program. Other than tenderness, there do not appear to be any functional deficits remaining. Consequently, based on the objective documentation in the medical record from the treating physician in the progress note dated December 3, 2014 and the physical therapy notes dated November 6, 2014, 12 additional occupational therapy sessions three times a week for four weeks are not medically necessary.