

Case Number:	CM15-0101705		
Date Assigned:	06/04/2015	Date of Injury:	11/25/2014
Decision Date:	07/15/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	05/27/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 27 year old female, who sustained an industrial injury on 11/25/14. She reported stress, tension and pain in right wrist. The injured worker was diagnosed as having bilateral upper extremities overuse syndrome. Treatment to date has included physical therapy, oral medications, right wrist brace and activity restrictions. Currently, the injured worker complains of pain in the ulnar aspect of the right distal forearm with weak grip strength. She is currently on modified duty. Physical exam noted full range of motion and tender flexor compartment proximal to wrist. The treatment plan included modification of current splint, prescription for Naprosyn, authorization for 8 additional therapy sessions and follow up appointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) sessions of occupational therapy to include Iontophoresis for the right wrist:
 Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand Chapter - Iontophoresis.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) forearm, wrist and hand (iontophoresis).

Decision rationale: The patient has overuse syndrome of the right wrist. Currently she complains of pain in the dorsum of the hand. The request is for 8 sessions of OT plus iontophoresis. The CA MTUS address physical medicine and states that active therapy is based on the philosophy that therapeutic exercise and or activity are beneficial for restoring flexibility, strength, endurance, function range of motion and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The CA MTUS does not address iontophoresis. The ODG states that iontophoresis is under study and there is limited support for its use. In this case, the documentation notes that the patient's right hand is improving with current therapy and she should be able to continue the home exercise program. Therefore, additional treatments of occupational therapy are not medically necessary or appropriate.