

Case Number:	CM15-0132050		
Date Assigned:	07/20/2015	Date of Injury:	08/14/2014
Decision Date:	08/17/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	07/08/2015

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

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 28 year old female, who sustained an industrial injury on August 14, 2014. The injured worker was diagnosed as having bilateral wrist pain and De Quervain's. Treatment to date has included wrist splints and medication. A progress note dated May 7, 2015 provides the injured worker complains of wrist pain described as consistent with de-conditioning. Physical exam is unchanged from prior visit. Review of magnetic resonance imaging (MRI) reveals no structural abnormality. The plan includes therapy, anti-inflammatory medication and follow-up. A note dated March 9, 2015 provides the injured worker has bilateral wrist and hand tenderness on palpation. There is positive Finkelstein's, positive ulnocarpal grind and full passive range of motion (ROM). The plan includes occupational therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy to the bilateral hands (x6): Upheld

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

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

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of physical therapy as a treatment modality. In general, physical therapy is recommended; however, there are expectations as to the allowed number of treatment sessions and the progression to a self-directed home exercise program. The specific MTUS recommendations are as follows: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home exercise program. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2): 8-10 visits over 4 weeks. The records indicate in this case that the patient has had at least 18 prior sessions of physical therapy followed by a home exercise program. There is insufficient evidence that the patient is unable to continue to participate in a home exercise program. As the patient has already exceeded the number of recommended sessions and with the lack of evidence to indicate the inability to participate in a home exercise program, the request for additional occupational therapy sessions to the bilateral hands X 6 is not considered as medically necessary.