

Case Number:	CM15-0160961		
Date Assigned:	08/28/2015	Date of Injury:	10/16/2014
Decision Date:	10/28/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/17/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 33 year old, female who sustained a work related injury on 10-16-14. She was removing a towel and it got stuck and a tube of the machine came out and hit her on the hand. The diagnoses have included wrist pain and contusion left wrist. Treatments have included oral medications, splinting and rest. In the PR-2 dated 7-24-15, the injured worker reports sharp, moderate to severe left wrist-hand pain. She states the pain goes up to the elbow and into her shoulder. She reports pain along the dorsal and radial wrist and into forearm. She has a lot of pain. Because of the pain, she has difficulty using the hand. She states the brace helps slightly. She states her symptoms are made worse by use of the hand-wrist. She states the symptoms are improved with rest and NSAIDS. She states the therapy is helping significantly. On physical exam, range of motion in left wrist is extension to 80 degrees, flexion to 80 degrees, pronation to 80 degrees and supination of 80 degrees with pain. Thumb flexion causes pain. She has tenderness to palpation along the dorsal and volar forearm. She has pain with shoulder movement. She has tenderness to palpation at first dorsal compartment. She has a positive Finkelstein's test. Sensation and motor strength are within normal limits. X-rays reviewed in office show the "AP-lateral-oblique views of the left wrist reveal no fracture or dislocation." She is working modified duty. The treatment plan options were discussed and she will see another physician for pain management. There is no mention of the requested treatments of occupational therapy and iontophoresis pads with lidocaine and dexamethasone. A progress report dated May 15, 2015 indicates that the patient's wrist range of motion is extension to 80°, flexion to 80°, pronation to 80°, and supination to 80°. Digit range of motion is full. Thumb flexion causes pain.

There is tenderness in the first dorsal compartment with positive Finklestein test. A progress report dated September 1, 2015 request an MRI of the left wrist/hand due to "failure of her symptoms and functional test to improve."

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy for the Left Hand 1-2 times a week for 6 weeks (12 visits of OT):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, and Hand Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional occupational therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior OT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by ODG (9 visits) and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested additional occupational therapy is not medically necessary.

6 Units of Iontophoreses Pads of Lidocaine/Dexamethasone: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - Forearm, Wrist & Hand (acute and chronic) (not including Carpal Tunnel Syndrome) chapter, Iontophoresis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand Chapter, Iontophoresis.

Decision rationale: Regarding the request for iontophoresis, California MTUS and ACOEM do not contain criteria for the use of this modality in the treatment of the Forearm, Wrist & Hand. ODG states that iontophoresis is under study. They go on to state that there is limited support showing effectiveness for this modality in the treatment of any Forearm, Wrist & Hand conditions. As such, the currently requested iontophoresis is not medically necessary.

