

Case Number:	CM15-0162501		
Date Assigned:	08/28/2015	Date of Injury:	11/25/2014
Decision Date:	09/30/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/18/2015

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: Massachusetts

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 27-year-old female who sustained an industrial-work injury on 11-25-14. He reported an initial complaint of wrist pain. The injured worker was diagnosed as having flexor tendonitis of the right wrist. Treatment to date includes medication, splint, and exercises. Currently, the injured worker complained of hand pain with increased activity. Per the primary physician's report (PR-2) on 7-30-15 exam noted flexor carpi radialis is tender, stretching does not produce pain in the wrist, torque increases pain. The requested treatments include 8 sessions of occupational therapy to include steroid Iontophoresis for the right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Sessions of occupational therapy to include steroid 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 (Acute and Chronic) Iontophoresis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines (3) Forearm,

Wrist, & Hand (Acute & Chronic), Iontophoresis.

Decision rationale: The claimant sustained a work-related injury in December 2014 and is being treated for right wrist pain. When seen, she was performing regular exercises. There was pain with increased activity. Physical examination findings included flexor carpi radialis tenderness and pain with stretching of the flexor muscles. There was decreased right grip strength. Medications included Voltaren gel. Occupational therapy to include iontophoresis was requested. The claimant is being treated for chronic pain with no new injury and has already had therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to reestablish or revise the claimant's home exercise program. There is limited support for iontophoresis and phonophoresis. These are more conservative treatments than a steroid injection. Guidelines recommend a trial of two treatments with continued treatment based on documented objective improvement. The number of treatments being requested is in excess of that recommended. The request is not medically necessary.