MAXIMUS Federal Services

Case Number:	CM15-0205761		
Date Assigned:	10/22/2015	Date of Injury:	05/19/2014
Decision Date:	12/08/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/19/2015

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

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 58 year old male who sustained an industrial injury on 5-19-14. The medical records indicate that he injured worker is being treated for right wrist strain with deQurvain's tenosynovitis; status post release times 3 with residuals. He currently (9-30-15) complains of continued intermittent moderate right wrist pain with numbness of the first three fingers. He cannot use his hand for more than 5 minutes of activity. On physical exam of the right wrist there was tenderness to palpation over the 1st dorsal wrist compartment consistent with de Quervain's release, decreased sensation to light touch on the superficial radial nerve distribution, weak grip strength, and positive Finklestein's test. Treatments to date include right wrist injection (3-17-15). Prior occupational therapy notes were not present. The request for authorization was not present. On 10-5-15 Utilization Review non-certified the request for additional occupational therapy 2 times a week for 6 weeks to the right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional occupational therapy two times a week for six weeks right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The 58 year old patient complains of moderate pain in the right wrist, with numbness in the first three fingers, as per progress report dated 09/30/15. The request is for additional occupational therapy two times a week for six weeks right wrist. There is no RFA for this case, and the patient's date of injury is 05/19/14. Diagnoses as per progress report dated 09/30/15, included right wrist strain with De Quervain's Tenosynovitis. The patient is status post three releases with residuals. The patient has been allowed to work with restrictions, as per the same progress report. MTUS Chronic Pain Management Guidelines 2009, pages 98, 99, has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." In this case, none of the progress reports discuss the request. Given the patient's date of injury and prior surgery, it is reasonable to assume that the patient has had some therapy the past. The progress reports do not document the number of sessions completed until now. However, the Utilization Review denial letter states that the patient has completed at least 20 sessions. The reports do not discuss the efficacy of prior therapy. The treater does not explain why the patient has not transitioned to a home exercise regimen. Additionally, MTUS only allows for 8-10 sessions of physical therapy in non-operative cases. Hence, the treater's request for 12 additional sessions appears excessive and is not medically necessary.