

Case Number:	CM15-0022398		
Date Assigned:	02/11/2015	Date of Injury:	11/23/2013
Decision Date:	04/03/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/06/2015

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, Arizona
 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 56-year-old male who reported an injury on 11/23/2013. The mechanism of injury was not provided. His diagnoses are noted as right ulnar impaction syndrome, right TFCC tear, right lunate cyst, and right wrist first and second extensor compartment tenosynovitis. During the assessment on 01/06/2015, the injured worker was seen 12 weeks status post cortisone injection for the right first extensor compartment with improvement and 6 months status post cortisone injection to the right ulnar wrist with gradually increasing pain after 3 ½ months. The note stated that he was unable to finish therapy as time expired. He complained of continued pain in his right elbow. He complained of right ulnar wrist and elbow pain. The physical examination revealed tenderness over the area of the triangular fibrocartilage complex on the ulnar side of the extensor carpi ulnaris tendon, increased with ulnar deviation stress. There was no tenderness over the extensor carpi ulnaris tendon itself and no tenderness over the distal radial ulnar joint to palpation or with stress in supination or pronation. There was tenderness over the ulnar head or distal radius. There is no tenderness over the radial aspect of the wrist, including the anatomical snuff box or scaphoid. There was no tenderness over the lunotriquetral joint, with a negative ballottement test. There was no tenderness over the pisotriquetral joint. There was no tenderness over the remainder of the wrist, hand, fingers or thumb, forearm, elbow, arm or shoulder. The motor and sensory examination of the right upper extremity was normal. There was light tenderness over the first minimal tenderness over the second extensor compartments, with a positive Finkelstein's sign. The treatment plan was to have the injured worker continue with the Ryno brace as needed and finish occupational therapy.

The rationale for the request was to finish occupational therapy for anti-inflammatory modalities and range of motion exercises, progressing to stretching and strengthening, progressing to a home exercise program. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy x 12 sessions for the right wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 111-113.

Decision rationale: The request for occupational therapy x 12 sessions for the right wrist is not medically necessary. The California MTUS Guidelines note 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. The guidelines recommend 10 visits over 8 weeks for myalgia and myositis, unspecified. The requested 12 visits would exceed guideline recommendation. The clinical documentation did not include a detailed assessment of the injured worker's current functional condition including range of motion and motor strength, which would support the request for physical therapy. There was a lack of adequate information regarding whether or not the injured worker had benefited from the past physical therapy visits or if there were any functional improvements made. Additionally, the number of completed occupational therapy visits was not provided. Given the above, the request is not medically necessary.