

Case Number:	CM15-0023436		
Date Assigned:	03/19/2015	Date of Injury:	04/04/2014
Decision Date:	05/12/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/09/2015

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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 42 year old female, who sustained an industrial injury on 04/04/2014. The initial complaints or symptoms included left wrist and hand pain/injury. The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, x-rays, conservative therapy (physical therapy), cortisone injections, and MRI. Currently, the injured worker complains of left wrist/hand pain with reported gradual improvement with therapy. The diagnoses include de Quervain's tenosynovitis. The treatment plan consisted of 12 additional sessions of occupational therapy for the left wrist and hand, medication and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions occupational therapy, 2x6, to the left wrist/hand: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Hand; Occupational Therapy.

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Regarding physical therapy, ODG states. Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. There was no documented objective functional improvement or goals. ODG further states: "Synovitis and tenosynovitis (ICD9 727.0): Medical treatment: 9 visits over 8 weeks." The employee has exceeded the recommended visits for occupational therapy, and there is no documentation to justify 12 additional sessions. The UR modified the request to a lower amount, which may be justified by the record, but the request for 12 additional sessions is not medically necessary.