

Case Number:	CM14-0116776		
Date Assigned:	08/01/2014	Date of Injury:	09/28/2013
Decision Date:	08/29/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/13/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 22 year old female claimant sustained a work injury on 9/26/13 involving the right wrist. She was diagnosed with tenosynovitis. An MRI of 3/4/14 of the right wrist showed partial tear of the extensor carpi ulnaris. She received Paraffin treatments, topical pain gels and oral medications for pain control. She had been doing a home exercise program. A progress note on 05/24/14 indicated she had a normal wrist exam except for tenderness to palpation. The treating physician ordered a TENS unit, orthopedic referral and 12 sessions of physical/occupational therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of Occupational Therapy to the right wrist/hand (3 X 4): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 2014, medical treatment and post - surgical treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: According to the MTUS guidelines, occupational therapy falls under the physical medicine guidelines. Physical therapy is recommended for up to 10 sessions over 8

weeks for myositis and myalgia like symptoms, or 10 sessions over 4 weeks for neuralgia. It is recommended over a tapering frequency to advance to a home-based program. The claimant had already been doing home exercises. The request for 12 sessions exceeds the amount recommended. The request for 12 sessions of physical therapy is not medically necessary.