

Case Number:	CM14-0126079		
Date Assigned:	08/13/2014	Date of Injury:	11/18/2013
Decision Date:	10/20/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/08/2014

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 Occupational 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 60 year old female who was injured on 11/18/2013. The mechanism of injury is unknown. Progress report dated 06/26/2014, states the patient presented to the office with complaints of loss of grip strength. She reported that her left wrists bother her more than the right. It radiates down into the hand on the left side. She also reported triggering of her long and ring fingers of the left hand. On exam, there was no atrophy noted of the small muscles of the hands. Tinel's sign is equivocal on the right and negative on the left. Phalen's test is negative on the right and the left. Finkelstein's test is positive on the left. There is some discomfort on deep palpation of the flexor group of the left forearm in particular from the mid forearm towards with wrist in the musculotendinous junctions. Range of motion is full of the thumbs and fingers of bilaterally hands. She has a diagnosis of left DeQuervain's tenosynovitis and left third and fourth trigger finger. She has been recommended for occupational therapy of the left hand. Prior utilization review dated 07/21/2014, states the request for occupational therapy x 8 Left Hand is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy x 8 left hand: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-9.

Decision rationale: According to MTUS guidelines, physical medicine (therapy) is recommended for exacerbations of chronic pain. In this case, a request is made for physical therapy for a 60 year old female with chronic pain, left DeQuervain's tenosynovitis, and left third and fourth trigger finger. However, the patient recently completed a course of hand and wrist therapy without evident functional improvement. Further, an agreed medical evaluator did not feel additional hand therapy was necessary in a 6/26/14 clinic note. Therefore, this request is not medically necessary.