

Case Number:	CM14-0160700		
Date Assigned:	10/06/2014	Date of Injury:	05/08/2014
Decision Date:	10/30/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	09/30/2014

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 Physical Medicine and Rehabilitation has a subspecialty in Pain 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:

This is a patient of the date of injury of May 8, 2014. A utilization review determination dated September 23, 2014 recommends noncertification for occupational therapy of the left wrist. A progress report dated August 14, 2014 identifies subjective complaints of left dorsolateral wrist pain. The note indicates that the patient was seen by physical therapy 2 times a week for 6 weeks but the symptoms persisted. Physical examination findings reveal decreased wrist range of motion with positive Finkelstein test on the left. The patient is wearing a wrist brace but not a thumb Spica brace. The review of records seems to indicate that physical therapy was directed towards left elbow epicondylitis and left wrist De Quervain's. The diagnosis states left De Quervain's disease. The treatment plan recommends a course of therapy to include iontophoresis and prescription for a thumb Spica splint. A physical therapy note dated June 25, 2014 indicates that the patient underwent 6 visits. The note states "patient unable to tolerate all therapeutic exercises and treatment with complaint of persistent swelling and pain to forearm. The patient remained symptomatic overall with significantly low strength without any significant progress."

IMR ISSUES, DECISIONS AND RATIONALES

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

OT 3x3 Lt. 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 Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand Chapter, Physical Therapy

Decision rationale: Regarding the request for additional therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical/occupational therapy. ODG recommends a trial of therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT/OT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, ODG recommends 12 therapy visits over 8 weeks for the treatment of radial styloid tendosynovitis. In addition to the number of treatments already provided, the currently requested therapy sessions exceed the number recommended by guidelines. In light of the above issues, the currently requested additional therapy is not medically necessary.