

Case Number:	CM15-0063518		
Date Assigned:	04/20/2015	Date of Injury:	02/19/2013
Decision Date:	05/27/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/03/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 52 year old female, who sustained an industrial injury 02/19/2013. She has reported subsequent wrist pain and was diagnosed with De Quervain's stenosing tenosynovitis of the left wrist. Treatment to date has included oral pain medication, occupational therapy, physical therapy and Celestone injection. In a progress note dated 03/17/2015, the injured worker complained of pain at the radial aspect of the left wrist. Objective findings were notable for mild to moderate tenderness of the dorsal compartment of the left wrist. A request for authorization of 3 x 4 occupational therapy sessions for the left wrist was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy three times four to the left wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The patient is a 52 year old female with an injury on 02/19/2013. She had left wrist pain and De Quervain's tenosynovitis. She had been treated with physical therapy and occupational therapy and the request is for 12 more visits of occupational therapy. Occupational therapy is a form of physical therapy and counts as part of the number of physical therapy visits allowed under MTUS guidelines. MTUS, Chronic Pain, physical medicine guidelines allows for 8 - 10 physical therapy visits. The requested 12 visits, with the previous physical therapy and occupational therapy visits, far exceeds the guideline. Also, by this point in time relative to the injury the patient should have been transitioned to a home exercise program as there is no objective documentation that continued physical therapy/occupational therapy is superior to a home exercise program. Therefore the request is not medically necessary.