

<b>Case Number:</b>	CM15-0099614		
<b>Date Assigned:</b>	06/02/2015	<b>Date of Injury:</b>	02/13/2012
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 36 year old female, who sustained an industrial injury on February 13, 2012. The injured worker was diagnosed as having left De Quervain's and left ulnar carpal impairment. Several documents within the submitted medical records are difficult to decipher. Treatment to date has included physical therapy, rotator cuff repair, pain management and medication. A progress note dated April 23, 2015 provides the injured worker complains of left shoulder and wrist. Physical exam notes decreased shoulder range of motion (ROM) and tenderness on palpation of the wrist. The plan includes physical and occupational therapy and wrist injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational therapy with iontophoresis 6 visits:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic), Iontophoresis.

**Decision rationale:** The claimant sustained a work injury in February 2012 and continues to be treated for left shoulder and wrist pain. She has a diagnosis of DeQuervains tenosynovitis. She underwent left shoulder arthroscopic surgery in February 2015 with a subacromial decompression and rotator cuff repair. When seen, she had ongoing weakness. Her range of motion and pain had improved. There was left wrist tenderness. Finkelstein testing was positive. Authorization for six occupational treatments to include iontophoresis of the dorsal wrist was requested. There is limited support for iontophoresis. These are more conservative than injection for delivery of steroid therapy. A trial of two treatments may be considered with further treatments depending on documentation of objective improvement. In this case, the number of treatments being requested is in excess of the guideline recommendation and not medically necessary.