

Case Number:	CM14-0143336		
Date Assigned:	09/10/2014	Date of Injury:	06/29/2005
Decision Date:	10/20/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/04/2014

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 and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 58-year-old female was reportedly injured on June 29, 2005. The mechanism of injury was noted as repetitive motion. The most recent progress note, dated July 30, 2014, indicated that there were ongoing complaints of wrist and thumb pains with tingling at the base of the fifth digit. The physical examination demonstrated tenderness at the base of the right thumb and normal sensation of the upper extremities. Strength was rated at 4+/5 in the right hand intrinsic muscles. Diagnostic imaging studies of the right wrist revealed a minimal ulnar plus variant. Nerve conduction studies of the upper extremities were normal. Previous treatment included the use of a wrist brace and occupational therapy. A request had been made for 6 to 8 sessions of occupational therapy for the right wrist and hand and was not certified in the pre-authorization process on August 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy 6-8 session, right wrist & hand: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

Decision rationale: A review of the medical records indicates that the injured employee has already participated in 18 visits of occupational therapy for the right wrist and hand exceeding the amount in the recommended guidelines. It is also anticipated that at this point the injured employee would have transitioned to a self-directed home exercise program. There is no stated justification for additional formal therapy. Considering this, 6 to 8 visits of occupational therapy for the right wrist and hand is not medically necessary.

Thumb Immobilizer: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand, Splinting, Updated August 8, 2014.

Decision rationale: There is no indication for immobilization of the thumb nine years after the stated date of injury. As such, this request for a thumb immobilizer is not medically necessary.

Voltaren Gel 1%, 2 tubes with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 111-112 of 127.

Decision rationale: The California MTUS Guidelines support topical NSAIDs for the short-term treatment of acute pain for short-term use for individuals unable to tolerate oral administration, or for whom oral administration is contraindicated. The record provides no documentation that the injured employee has or is taking an oral anti-inflammatory. Therefore, this request for Voltaren gel is not medically necessary.