

<b>Case Number:</b>	CM13-0016653		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	07/26/2012
<b>Decision Date:</b>	02/03/2014	<b>UR Denial Date:</b>	08/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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 patient is a 51-year-old female who reported an injury on 07/26/2012. The patient is currently diagnosed with status post right de Quervain's release. The patient was seen by [REDACTED] on 08/12/2013. A physical examination revealed mild residual swelling. The treatment recommendations included 6 sessions of occupational therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**six (6) occupational therapy sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

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

**Decision rationale:** The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The Guidelines allow for a fading of treatment frequency plus active self-directed home physical medication. The California MTUS Postsurgical Medication Treatment Guidelines state treatment following radial styloid tenosynovitis or de Quervain syndrome includes 14 visits over 12 weeks. As per the clinical notes submitted, the patient has completed a course of at least 10 occupational

therapy sessions postoperatively. The latest hand therapy note was submitted on 08/12/2013, and indicated continued pain and swelling in the right radial wrist and forearm with pain in the left as well. The patient has been instructed on a home exercise program. The documentation of significant functional improvement following the initial course of treatment has not been provided. Furthermore, the current request for 6 occupational therapy sessions, added to the 10 completed sessions, exceeds guideline recommendations for a total duration of treatment. As such, the request is noncertified.