

Case Number:	CM13-0017805		
Date Assigned:	11/27/2013	Date of Injury:	05/19/2009
Decision Date:	01/17/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	08/28/2013

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 Internal Medicine, has a subspecialty in Cardiology and is licensed to practice in Texas. 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 59-year-old female who reported an injury on 05/19/2009. The patient is currently diagnosed with right De Quervain's tenosynovitis and status post right De Quervain's release. The patient was recently seen by [REDACTED] on 11/04/2013. The patient reported gradual improvement in her wrist pain with no change in carpal tunnel symptoms. Physical examination revealed a well-healed incision without evidence of infection. Treatment recommendations included continuation of anti-inflammatories, ice therapy, and initiation of occupational therapy. Daily physical therapy notes were submitted from 11/07/2013 through 11/14/2013, indicating completion of 4 out of 12 occupational therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy 2 times per week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines and the Post-Surgical Treatment Guidelines, Forearm, Wr.

Decision rationale: 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 initial course of therapy means 1 half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. Postsurgical treatment following radial styloid tenosynovitis or De Quervain's syndrome includes 14 visits over 12 weeks. The current request for occupational therapy 2 times per week for 6 weeks is in excess of guideline recommendations. Therefore, the request cannot be determined as medically appropriate. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.