

<b>Case Number:</b>	CM13-0024014		
<b>Date Assigned:</b>	02/03/2014	<b>Date of Injury:</b>	06/28/2012
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	09/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/13/2013

### 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 Pain Management, has a subspecialty in Interventional Spine 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 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 patient is a 28 year old male with date of injury of 06/28/2012. The listed diagnosis per [REDACTED] dated 09/03/2013 is: 1. De Quervain's disease According to progress report dated 09/03/2013 by [REDACTED], the patient presents with right wrist pain. This patient is status post right DeQuervain's 05/09/2013. The patient has been attending hand therapy regularly. He returned to work but states his hands hurts him too much to handle dough and was made TTD and went to more hand therapy. Objective findings show inspection of the right wrist reveals mild swelling. Incision is completely healed. There is tenderness upon palpation of the soft tissue in the incision area. The patient is able to flex and extend all the fingers and oppose the thumb. The treater is requesting 8 additional physical therapy for the right wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHYSICAL THERAPY 2 TIMES A WEEK TIMES 4 WEEKS FOR THE RIGHT WRIST:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines Page(s): 18-20.

**Decision rationale:** This patient is status post right deQuervain's release, 05/09/2013. The treater is requesting 8 additional physical therapy for the right wrist. Utilization review dated 09/05/2013 modified the request to 6 visits. MTUS post-op guidelines p18-20 on Radial styloid tenosynovitis (deQuervain's) recommends 14 visits over 12 weeks. Given the patient's surgery date of 5/9/13, the request is within the post-op time frame. Physical therapy report dated 08/22/2013 shows that the patient has received 12 visits and is integrating his home exercise program into his daily routine. In this same report, the therapist notes that the patient is able to carry 40-50lbs without difficulty and has returned to work without restrictions. The treater's requesting progress report was not made available for review. In this case, the patient has received 12 sessions of physical therapy with positive results. It is unclear why the treater is requesting 8 additional visits when recent physical therapy reports show that the patient has completed all his therapy goals and has returned to work. MTUS recommend 14 post-op visits and the current request would exceed what is allowed as well. physical therapy 2 times a week times 4 weeks for the right wrist is not medically necessary and appropriate.