

Case Number:	CM13-0062958		
Date Assigned:	12/30/2013	Date of Injury:	11/03/2012
Decision Date:	05/20/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/09/2013

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 & Rehabilitation, 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 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 67 year old female with an injury date on 11/3/12. According to the report of 08/15/13, the patient has right hand/wrist minimal pain which is improving. The listed diagnoses are: 1. Right Wrist DeQuervains Tenosynovitis s/p Release. 2. Right Thumb Carpometacarpal Joint Osteoarthritis. 3. Right Wrist Strain. Review of the reports show that the patient underwent right wrist surgery on 08/5/13 for first extensor compartment release and tenosynovectomy. Utilization review denial letter from 11/18/13 denied the request for therapy indicating that the patient has had adequate post-operative treatments. Reports show that the treater requested 12 sessions of therapy on 8/15/13, with additional therapy for 12 visits requested on 9/26/13 as well. The utilization review determination being challenged on 11/18/13 recommends denial of the additional 8 physical therapy sessions for the right hand. [REDACTED] is the requesting provider, and he provided treatment reports from 07/18/13 to 12/12/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

OCCUPATIONAL THERAPY SESSIONS TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 3.

Decision rationale: This employee presents with right wrist inflammation and strain with right thumb joint degeneration. The request is for additional post-operative therapy for 8 sessions. According to MTUS, extensor tenosynovectomy postsurgical treatment is allowed for 14 visits over 3 months with a postsurgical period of 6 months. In this case, review of the reports show that the employee already completed 12 or more sessions of post-operative therapy and possibly up to 24 sessions of both of the requested from 8/15/13 and 9/26/13 were authorized. The treating physician does not mention how many sessions the employee has had. The therapy treatment reports were not provided to verify treatment history. The employee's symptoms have improved and there does not appear to be any reason why the employee should not be able to perform home exercises. The patient has had adequate post-operative therapy. Recommendation is for denial.