MAXIMUS Federal Services

Case Number:	CM13-0072645		
Date Assigned:	01/17/2014	Date of Injury:	02/05/2013
Decision Date:	04/28/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/31/2013

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 Occupational Medicine 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 53 year old female who was injured on 02/05/2013. Mechanism of injury was due to lifting while on the job. Prior treatment history has included injection procedure De Quervain's tendonitis dated 02/13/2013. The patient has had 12 sessions of occupational therapy for the right hand. The patient's medications include Tramadol. She underwent dorsal compartment release in June of 2013 and does report improvement. Diagnostic studies reviewed include MRI of right wrist w/o contrast revealing there is a lunate lesion on its ulnar aspect possibly representing an impact/stress reaction. There is no evidence of transcortical fracture. PR-2 dated 09/08/2013 documented the patient to have complaints of pain to her right wrist and hand. She reports that her pain level of 5/10 is before taking medications. Objective findings on exam included examination of the right wrist revealing limited range of motion with flexion and extension at 40 degrees. Finkelstein's test was positive. There was healed lesion noted. Diagnosis: Right wrist de Quervain's tenosynovitis with status post first dorsal compartment release. Physical therapy note dated 10/22/2013 documented the patient's pain level over the past 24 hours as 6/10 maximum and 5/10 minimum. There has been a 70% improvement from the initial day of injury. Physical therapy is helping condition to improve. Objective findings reveal patient's right wrist improving with therapy. Pain increase with range of motion and with certain movements. Patient is putting a good effort to therapy exercises (theraputty 10 min, grain exercises 10 min). Patient completed 12 sessions. PR-2 dated 11/21/2013 documented the patient with complaints of pain to her right hand and wrist. The pain level is 5/10 before medications. Objective findings reveal the right wrist exam with limited range of motion with flexion at 40 degrees, extension at 50 degrees and normal range of motion with radial deviation and ulnar deviation. Finkelstein was positive. Diagnosis: Right wrist de Quervain's tenosynovitis with status post first dorsal compartment release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) Additional sessions of right hand therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99,Postsurgical Treatment Guidelines Page(s): 21.

Decision rationale: CA MTUS Detail guideline for post surgical physical medicine: Radial styloid tenosynovitis (de Quervain's) (ICD9 727.04): Postsurgical treatment: 14 visits over 12 weeks *Postsurgical physical medicine treatment period: 6 months Physical Medicine Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. Physical Medicine Guidelines - Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The patient is status post first dorsal compartment release in June 2013. The patient is 10 months post-surgery and so is no longer within the postsurgical treatment period. She has completed at least 12 occupational/physical therapy sessions post-operatively. Physical examination on 11/21/2013 documents good functional range of motion of the right wrist with normal ulnar and radial deviation. There are no documented strength deficits or other notable findings. The patient does not present with an exacerbation or recent injury. At this juncture, the patient should be well-versed in an appropriate home exercise program. The patient can continue to make functional gains with an HEP of gentle stretching, strengthening and ROM exercises, and use of palliative applications of ice/heat as desired. Additional supervised physical therapy is not deemed medically necessary. Recommend 1 additional visit to transition to home-based exercise program.