

<b>Case Number:</b>	CM14-0002997		
<b>Date Assigned:</b>	01/29/2014	<b>Date of Injury:</b>	02/15/2011
<b>Decision Date:</b>	05/27/2014	<b>UR Denial Date:</b>	12/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2014

### 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 Orthopedic Surgery, has a subspecialty in Hand Surgery, 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 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 injured worker is a 25-year-old female who reported an injury on 02/15/2011. The mechanism of injury was not provided for review. The injured worker ultimately underwent surgical intervention to include first extensor compartment release due to De Quervain's syndrome on 10/28/2013. Clinical findings included sharp pain that radiated into the elbow when medications were not taken. The injured worker's treatment plan included postoperative physical therapy and continued use of medications. The request was made for 6 additional physical therapy visits. The clinical documentation did not include a justification for additional postoperative therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDITIONAL PHYSICAL THERAPY 2 TIMES A WEEK FOR 3 WEEKS FOR THE BILATERAL WRISTS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 21.

**Decision rationale:** The requested additional physical therapy 2 times a week for 3 weeks for the bilateral wrists is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the injured worker has already participated in postoperative physical therapy. The duration of that therapy and the efficacy of that therapy were not provided for review. California Medical Treatment Utilization Schedule recommends up to 14 visits of physical therapy for surgical intervention for De Quervain's syndrome. However, as the clinical documentation does not clearly identify the number of visits and the efficacy of those visits of prior therapy, the appropriateness of additional physical therapy cannot be determined. As such, the requested additional physical therapy 2 times a week for 3 weeks for therapy bilateral wrists is not medically necessary or appropriate.