

Case Number:	CM14-0005663		
Date Assigned:	02/05/2014	Date of Injury:	11/03/2012
Decision Date:	12/24/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/13/2014

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 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:

According to the records made available for review, this is a 66-year-old female with a 11/3/12 date of injury, and De Quervain's release on 8/5/13. At the time (12/12/13) of request for authorization for occupational therapy 2-3 times a week for 6 weeks for right hand, there is documentation of subjective (right wrist pain) and objective (tenderness over carpometacarpal joint and positive grind test) findings, current diagnoses (De Quervain's tenosynovitis, right wrist strain, and right thumb carpometacarpal joint osteoarthritis), and treatment to date (14 sessions of occupational therapy treatments and medications). There is no documentation of a statement of exceptional factors to justify going outside of guideline parameters; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medical services as a result of previous occupational therapy treatments completed to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy 2-3 times a week for 6 weeks for right hand: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s):
21. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical

Evidence: Â§ 9792.24. 3. Postsurgical Treatment Guidelines; and Title 8, California Code of Regulations, section 9792.20.

Decision rationale: MTUS Postsurgical Treatment Guidelines identifies up to 14 visits of post-operative physical therapy over 12 weeks and post-surgical physical medicine treatment period of up to 6 months. In addition, MTUS Postsurgical Treatment Guidelines identifies that the initial course of physical therapy following surgery is 1/2 the number of sessions recommended for the general course of therapy for the specified surgery. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of De Quervain's tenosynovitis, right wrist strain, and right thumb carpometacarpal joint osteoarthritis. In addition, there is documentation of status post De Quervain's release on 8/5/13 and 14 sessions of post-operative occupational therapy sessions completed to date, which is the limit of guidelines, functional deficits, and functional goals. However, given that the requested 18 sessions of occupational therapy, in addition to the treatments already completed, would exceed guidelines, there is no documentation of a statement of exceptional factors to justify going outside of guideline parameters. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medical services as a result of previous occupational therapy treatments completed to date. Therefore, based on guidelines and a review of the evidence, the request for occupational therapy 2-3 times a week for 6 weeks for right hand is not medically necessary.