

Case Number:	CM14-0008802		
Date Assigned:	02/12/2014	Date of Injury:	11/27/2012
Decision Date:	06/24/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/22/2014

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 Orthopaedic 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:

The injured worker is a 39-year-old female who was injured on November 27, 2012. The injured is documented as being status-post operative intervention for de Quervain's tenosynovitis of the right wrist. The surgery was performed on May 17, 2013. The included documentation does not indicate what date the utilization review was rendered. Presumably, the November 5, 2013 review denied a request for twelve postoperative physical therapy visits is the review being challenged. The reviewer indicates the claimant continues to be symptomatic after 35 postoperative physical therapy/occupational therapy visits. Additionally, the reviewer notes that seven physical therapy/occupational therapy visits remain unused.

IMR ISSUES, DECISIONS AND RATIONALES

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

OCCUPATIONAL THERAPY ADDITIONAL THREE TIMES A WEEK FOR FOUR WEEKS, IN TREATMENT OF THE RIGHT FOREARM AND WRIST QUANTITY: 12:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: POST-SURGICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The Postsurgical Treatment Guidelines recommend up to fourteen postoperative visits for the management of synovitis and tenosynovitis. Based on clinical documentation provided, the claimant has completed 35 postoperative physical therapy visits and at the time of review, it was six months out from the operative intervention. As such, the requested additional therapy is not medically necessary.