

Case Number:	CM14-0074237		
Date Assigned:	07/16/2014	Date of Injury:	01/13/2013
Decision Date:	08/14/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/21/2014

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:

This 47-year-old female janitor sustained an industrial injury on 1/13/13. Injury to the right wrist occurred when she slipped and fell. X-rays were negative for fracture. The 2/7/13 right wrist MRI impression documented avascular necrosis of the ulnar articular surface and lunate with mild radioulnar joint effusion. The 2/7/13 right hand MRI documented subchondral cyst formation. Conservative treatment included medications, bracing, physical therapy, acupuncture, and injections without improvement. The patient has been diagnosed with right deQuervain's tenosynovitis. The 4/8/14 treating physician report cited dorsal right wrist pain. Right hand/wrist exam documented pain over the first dorsal compartment with pain upon resisted thumb extension. Pain was reported with ulnar deviation and there was mild pain over the A1 pulley of the small finger. Finkelstein's test was positive. The treatment plan included right first dorsal compartment release with 24 post-operative physical therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

24 post-operative physical therapy visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Forearm, Wrist, Hand chapter (DeQuervain's tenosynovitis surgery).

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

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines for radial styloid tenosynovitis (de Quervain's) recommend a general course of 14 post-operative visits over 12 weeks during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 7 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. The 5/6/14 utilization review recommended partial certification of 7 initial post-op physical therapy visits consistent with guidelines. There is no compelling reason submitted to support the medical necessity of care beyond guideline recommendations and the care already certified. Therefore, this request for 24 post-operative physical therapy sessions is not medically necessary.