

<b>Case Number:</b>	CM14-0074957		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	09/04/2013
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	05/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2014

### 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:

This 26-year-old female typist clerk sustained an industrial injury on 9/4/13. The Injury occurred when she slipped and fell, landing on the left knee and right hand. She was diagnosed with right carpal tunnel syndrome and DeQuervain's Tenosynovitis. Comprehensive conservative treatment was provided over 7 months and had failed. A right 1st and 2nd extensor compartment release was requested and approved in utilization review on 5/1/14. The 5/1/14 utilization review modified an associated request for 12 sessions of post-operative physical therapy to 8 sessions consistent with guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative physical/occupational therapy, twelve (12) sessions, two (2) times weekly for six (6) weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271. Decision based on Non-MTUS Citation ODG, Forearm, wrist, & hand chapter.

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

**Decision rationale:** The California Post-Surgical Treatment Guidelines for surgical treatment of Radial Styloid Tenosynovitis (DeQuervain's) suggest 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 5/1/14 utilization review recommended partial certification of 8 post-operative physical therapy visits consistent with guidelines. There is no compelling reasoning submitted to support the medical necessity of additional care. Therefore, this request for post-operative physical/occupational therapy, for 12 sessions, 2 times weekly for six 6 weeks is not medically necessary.