

Case Number:	CM14-0076792		
Date Assigned:	07/18/2014	Date of Injury:	10/15/2011
Decision Date:	10/01/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/27/2014

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 Occupational Medicine 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 claimant injured her right hand/wrist on 10/15/11. Occupational therapy for an additional 8 postop visits is under review. She is status post right DeQuervain's release and has bilateral trapezial myofascial pain syndrome. She underwent right open carpal tunnel release on 04/24/12 and right shoulder subacromial decompression, partial acromioplasty, and distal clavicle excision in May 2013 and right DeQuervain's release on 02/19/14. She started postop OT (occupational therapy) on 04/11/14 and attended 5 of 8 visits as of 04/29/14. On that date, the OT note indicates that she complained of shoulder pain and spasms that made everything uncomfortable including the thumb. Her spasm was rated 9-10/10 in severity. She was 10 weeks postoperative. Her strength was improving and her endurance was fair. She had good wrist range of motion and decreased grip strength on the right side. She also had pain in the right shoulder and was unable to do work functions or heavy housework. She saw [REDACTED] on 05/01/14 and had weakness and sensitivity. A right shoulder subacromial steroid injection, trapezial tissue steroid (injection?), and right hand and wrist therapy were ordered. She still had decreased strength and endurance. There is no evidence that she completed the initial 8 postop visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy two (2) times weekly for four (4) weeks for the right hand and wrist:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine treatment Page(s): 130, Postsurgical Treatment Guidelines Page(s): 20.

Decision rationale: The history and documentation do not objectively support the request for additional postop OT for the right wrist and hand. The MTUS recommend "Radial styloid tenosynovitis (de Quervain's) (ICD9 727.04): Postsurgical treatment: 14 visits over 12 weeks. Postsurgical physical medicine treatment period: 6 months. The claimant has attended postop OT and the OT notes end with the fifth visit of eight. There claimant's treatment in OT following the date of 04/29/14 is unknown. There is no evidence that she remains unable to continue and complete her postop rehab following DeQuervain's release with an independent HEP (home exercise program). There is no indication that continuation of supervised exercises is likely to provide her with significant or sustained benefit that she cannot achieve on her own. The medical necessity of this request has not been clearly demonstrated.