

Case Number:	CM15-0108067		
Date Assigned:	06/12/2015	Date of Injury:	07/19/2013
Decision Date:	07/15/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/04/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 24-year-old female, who sustained an industrial injury on 7/19/13. The injured worker has complaints of right wrist pain, stiffness and weakness. The documentation noted that he injured worker has reduced strength, range of motion and functional ability and tolerance. The diagnoses have included sprain of wrist, unspecified site and pain in joint, hand. Treatment to date has included status post redo open excision of the recurrent right dorsal wrist ganglion; right wrist arthroscopic; right endoscopic carpal tunnel release; occupational therapy and wrist brace for protections. The request was for occupational therapy 3 times per week for 4 weeks for the right wrist/hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy 3 times per week for 4 weeks for the right wrist/hand: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment

Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Forearm, wrist Page(s): 18-20.

Decision rationale: Based on the 05/11/15 progress report provided by treating physician, the patient presents with pain to the right wrist, forearm and medial elbow radiating to shoulder, with numbness and tingling in the right ring and little fingers. The patient is status post redo right wrist arthroscopic debridement TFCC; redo open excision of the recurrent right dorsal wrist ganglion and de Quervain's release 3 1/2 months from report date of 05/11/15. The request is for OCCUPATIONAL THERAPY 3 TIMES PER WEEK FOR 4 WEEKS FOR THE RIGHT WRIST/HAND. Patient's diagnosis per Request for Authorization form dated 05/15/15 includes right radial tunnel syndrome. Physical examination to the right upper extremity on 05/11/15 revealed tenderness over the radial tunnel and over the medial epicondyle. Normal motor sensory exam and full motion of fingers. The patient is temporarily partially disabled, per 05/11/15 report. MTUS guidelines pages 18 to 20 recommend postsurgical treatment of 14 visits over 12 weeks for Radial styloid tenosynovitis (de Quervain's). The postsurgical physical medicine treatment period is 6 months. The patient's surgery was 3 1/2 months from RFA dated 05/15/15. The patient is still within postoperative treatment period of 6 months. Per 05/11/15 report, treater states the patient "has been going to occupational therapy with some improvement. The patient will continue occupational therapy 3 times per week for 4 weeks for anti-inflammatory modalities and range of motion exercises, progressing to stretching and strengthening, progressing to a home exercise program. " Given patient's symptoms and postoperative status, up to 14 postoperative visits would be indicated by the guidelines. However, treater has not provided a precise treatment history. In this case, the request for additional 12 visits plus the unknown number of sessions already attended would exceed MTUS recommendations. Therefore, the request IS NOT medically necessary.