

Case Number:	CM15-0136537		
Date Assigned:	07/24/2015	Date of Injury:	04/18/2014
Decision Date:	08/21/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/14/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 42 year old female who sustained an industrial/work injury on 4/18/14. She reported an initial complaint of right wrist, thumb, and neck pain. The injured worker was diagnosed as having whiplash sprain/strain, cervical spine myofasciatis, tendonitis of wrist, anxiety, depression and right de Quervain's syndrome. Treatment to date includes medication and surgery, (de Quervain's release). Currently, the injured worker complained of mild tingling to the first digit of the right hand. Per the follow up report on 6/8/15, exam noted a healing incision to the right wrist on the distal portion of the radius, some decreased sensation along the C6 dermatome distribution, and moderate tenderness along the incision and the first digit of the right hand. Current plan of care included therapy and medication. The requested treatments include post-op physical therapy right hand and wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op physical therapy right hand and wrist QTY: 12: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The claimant sustained a work-related injury in April 2014 and underwent a right DeQuervain's release on 05/29/15. In post-operative follow-up there appear to have been no complications. There were expected post-operative physical examination findings. Authorization for 12 initial post-operative therapy sessions was requested. Guidelines recommend up to 14 visits over 12 weeks after the surgery that was performed. In this case, the number of post-operative treatments requested is within the guidelines recommendation and was medically necessary.