

Case Number:	CM15-0148079		
Date Assigned:	08/11/2015	Date of Injury:	07/01/2013
Decision Date:	09/11/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	07/31/2015

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 53-year-old female, who sustained an industrial injury on July 1, 2013. The injured worker was diagnosed as having De Quervain's disease. Treatment to date has included surgery on May 1, 2015, occupational therapy and medication. A progress note dated June 22, 2015 provides the injured worker complains of post-operative pain with swelling, numbness and tingling of the right hand and wrist. She reports occupational therapy has helped with increasing function and range of motion (ROM) but still can't grip things. Physical exam notes well healing surgical site, hypopigmentation, tenderness to palpation, and decreased range of motion (ROM) of the right wrist and hand. The plan includes medication, additional occupational therapy and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional occupational therapy 3x4 to the right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. Submitted reports show no clear measurable evidence of progress with the therapy treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit and decreased pain complaints. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Post-surgical treatment guidelines for Radial Styloid Tenosynovitis (De Quervain's) surgery allow for 14 visits over 8 weeks with postsurgical physical medicine treatment period of 4 months. It appears the patient has completed the certified post-op therapy sessions with current request for additional visits beyond the recommended surgical guidelines for procedure without demonstrated functional improvement. The Additional occupational therapy 3x4 to the right wrist is not medically necessary and appropriate.

Follow-up office visits with a doctor: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, Chapter 7, Independent Medical Examinations and Consultations, page 127.

Decision rationale: The request was modified for one follow-up office visit. Guidelines state office visits and follow-ups are determined to be medically necessary and play a critical role in the proper diagnosis and treatment based on the patient's concerns, signs and symptoms, clinical stability along with monitoring of medications including opiates. Determination of necessity requires individualized case review and assessment with focus on return to function of the injured worker. Submitted reports have not adequately demonstrated acute symptoms or red flag conditions and clinical findings to allow for continued arbitrary follow-up intervention and care and future care with multiple visits cannot be pre-determined as assessment should be made according to presentation and clinical appropriateness. The patient continues to treat for chronic symptoms without any acute flare, new injury, or progressive deterioration to predict future outcome; undetermined follow-up visits is not medically indicated for this chronic 2013 injury. The Follow-up office visits with a doctor is not medically necessary and appropriate.