

<b>Case Number:</b>	CM15-0148753		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	09/04/2013
<b>Decision Date:</b>	09/14/2015	<b>UR Denial Date:</b>	07/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 35 year old female who sustained an industrial injury on 09-04-2013. There was no mechanism of injury documented. The injured worker was diagnosed with left De Quervain's tenosynovitis, left shoulder impingement syndrome and right De Quervain's release. The injured worker is status post right De Quervain's release and right volar radiocarpal ganglionectomy on April 22, 2015. Treatment to date has included diagnostic testing, surgery, steroid injections, occupational therapy (6 sessions completed) and medications. According to the primary treating physician's progress report on June 2, 2015, the injured worker continues to experience stiffness and pain with stretching exercises to the right hand. Examination demonstrated wrist range of motion was limited in flexion and extension with tenderness to palpation over the scars. There was pain with volar flexion. Finklestein's test was negative with some discomfort along the radial styloid region noted. Finklestein's test was quite painful on the left. The first dorsal compartment was noted to be tender on the left. The provider administered Celestone and lidocaine into the left first dorsal compartment at the office visit. Current medication was noted as Motrin. Treatment plan consists of home exercises and the current request for additional occupational therapy twice a week for 3 weeks for the right forearm and hand. Patient had received cortisone injection in right shoulder. The patient had received an unspecified number of PT and OT visits for this injury. Per the OT note dated 7/6/15 the patient had complaints of pain in the right wrist at 5/10. Physical examination of the right wrist revealed limited range of motion and strength. Patient was certified for 6 post op OT visits.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Continued occupational therapy 2 x 3 (right hand/forearm):** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** Continued occupational therapy 2 x 3 (right hand/forearm). CA MTUS post-surgical rehabilitation guidelines cited below recommend 14 visits over 12 weeks for this diagnosis. Patient was approved for 6 post OT visits for this injury. The injured worker is status post right De Quervain's release and right volar radiocarpal ganglionectomy on April 22, 2015. The requested visits are within the recommendations of the by the cited criteria. According to the primary treating physician's progress report on June 2, 2015, the injured worker continues to experience stiffness and pain with stretching exercises to the right hand. Examination demonstrated wrist range of motion was limited in flexion and extension with tenderness to palpation over the scars. There was pain with volar flexion. Per the OT note dated 7/6/15 the patient had complaints of pain in right wrist at 5/10. Physical examination of the right wrist revealed limited range of motion and strength. Patient has made significant progress with previous OT but some residual functional deficits were still present. The request for Continued occupational therapy 2 x 3 (right hand/forearm) is medically necessary and appropriate for this patient at this time.