

<b>Case Number:</b>	CM15-0193434		
<b>Date Assigned:</b>	11/04/2015	<b>Date of Injury:</b>	09/18/2014
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 37 year old female who sustained an industrial injury on 9-18-2014. A review of the medical records indicates that the injured worker is undergoing treatment for left DeQuervain's. According to the progress report dated 8-31-2015, the injured worker was status post left DeQuervain's release. She reported gradual improvement in her symptoms. Objective findings (8-31-2015) revealed a well-healed incision. She had no tenderness. Finkelstein's was negative. Treatment has included cortisone injections, surgery, occupational therapy and a home exercise program. Per the hand therapy re-evaluation dated 9-3-2015 (visit 16 of 24), the injured worker had made steady progression in left wrist range of motion, grip strength and pinch strength. The request for authorization was dated 9-22-2015. The original Utilization Review (UR) (9-28-2015) denied a request for 12 additional sessions of occupational therapy (36 total).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 additional sessions of Occupational Therapy (36 total): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Forearm, Wrist, & Hand.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Forearm, Wrist, & Hand.

**Decision rationale:** MTUS Guidelines recommend up to 14 post-surgical physical therapy visits as adequate for this individual's condition. There have been no unusual complications (infection or re-operation) that would justify an exception to these recommendations. The ability to continue with an independent program is well documented as is healing and the absence of ongoing inflammation. A few more sessions to supervise an independent program may be reasonable, however, this individual's therapy has exceeded what is guideline-recommended as adequate hands on therapy sessions and an additional 12 sessions is not medically necessary.