

<b>Case Number:</b>	CM15-0195311		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	09/11/2000
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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 9-11-2000. A review of medical records indicates the injured worker is being treated for right wrist De Quervain's tenosynovitis, status post-surgical release and right thumb, trigger thumb, status post-surgical release. Medical records dated 9-2-2015 noted pain to the bilateral hands and wrists. She has regained most of her function and range of motion. Physical examination noted right wrist had a surgical scar with swelling noted with decreased range of motion. Right thumb had a surgical scar with scar tissue noted and lull range of motion. Treatment has included Motrin, surgery, and 18 sessions of physical therapy. Utilization review form dated 9-21-2015 noncertified physical therapy 3 x 4 for the right thumb and wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy, right thumb and wrist, 3 times weekly for 4 weeks, 12 sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Carpal Tunnel Syndrome.

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

**Decision rationale:** Review indicates the patient is s/p right decompression and trigger thumb release on 7/14/15 with at least 16 post-op PT visits now with request for an additional 12 sessions. Reports noted patient has pain, but has regained most of the range and function. The Post-surgical treatment guidelines for Trigger release of 9 PT visits within the 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 post-op therapy sessions with good improvement and should have transitioned to an independent HEP. There is no extenuating circumstances or postoperative complications to support further therapy beyond guidelines recommendations. The Physical therapy, right thumb and wrist, 3 times weekly for 4 weeks, 12 sessions is not medically necessary and appropriate.