

Case Number:	CM15-0203553		
Date Assigned:	10/20/2015	Date of Injury:	08/15/2014
Decision Date:	12/02/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/16/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 injured worker is a 55-year-old female who sustained an industrial injury on 8/15/14. Injury occurred while she was wringing a mop out to clean a restroom. Past medical history was positive for diabetes. She underwent right deQuervain's release on 5/26/15. Records indicated that she had completed 18 visits of occupational therapy. The 9/16/15 treating physician report cited 4-5/10 intermittent right hand and wrist pain with use, unchanged from her last visit. Pain was better with rest, ibuprofen, and heat. Pain was worse with activity, use, typing, and writing. Physical exam documented tenderness over the first dorsal compartment and decreased sensation on the dorsal ulnar aspect of the thumb. Right wrist flexion was 35 degrees. There was a 5 degree loss in extension and ulnar deviation. Strength was 5/5. She had failed massage and a home exercise program, additional formal therapy was indicated. Authorization was requested for post-operative occupational therapy 2 times per week for 3 weeks for the right hand/wrist. The 10/8/15 utilization review non-certified the request for post-operative occupational therapy 2 times per week for 3 weeks for the right hand/wrist as there was no rationale to support the medical necessity of occupational therapy over a home exercise program. The 10/21/15 treating physician report cited grade 4-5/10 intermittent sharp right hand and wrist pain with use. She had numbness on the radial side of her thumb. Pain was better with rest, ibuprofen/Naproxen, ice, stretching, and therapy. Pain was worse with activity, use, typing, and sleeping. She was not currently working. Right wrist and hand exam documented well-healed wound, near full thumb excursion, full wrist active range of motion, negative provocative testing, intact muscle strength, no focal bony tenderness, and no focal tendon abnormality. Grip strength was 4/5/8 kg right and

20/22/21 left. Prior occupational therapy had been extremely helpful. The stretching modalities from therapy were helpful for decreasing pain and increasing motion and she could not do these on her own. Occupational therapy was requested again for the right hand/wrist/thumb 2x4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op occupational therapy 2x a week for 3 weeks for the right hand/wrist: 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: The California Post-Surgical Treatment Guidelines for surgical treatment of deQuervain's release suggest a general course of 14 post-operative physical medicine visits over 12 weeks, during the 6-month post-surgical treatment period. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the post-surgical period. Guideline criteria have not been met. This injured worker presents with residual intermittent right hand/wrist/thumb pain with use. She is not working. Clinical exam findings documented near full thumb excursion, full wrist range of motion, and normal intrinsic muscle strength. There was significant limitation in grip strength. Records suggest that the injured worker has completed 18 post-operative visits. Additional therapy was requested to decrease pain and increase motion. There is no compelling rationale to support the medical necessity of additional supervised occupational therapy over continuation of an independent home exercise program to achieve further rehabilitation goals. Therefore, this request is not medically necessary.