

Case Number:	CM15-0209390		
Date Assigned:	10/28/2015	Date of Injury:	12/07/2014
Decision Date:	12/08/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/23/2015

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, Oregon, Washington
 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:

The injured worker is a 50-year-old female who sustained an industrial injury on 12-7-2014 and has been treated for De Quervain's stenosing tenosynovitis of the left wrist, and is status post first dorsal compartment release of the left wrist performed 4-27-2015. On 9-21-2015 the injured worker presented for evaluation with the physician noting that she was "making good progress" being five months post-surgery. Tenderness was noted over the radial side of the left wrist, but the physician stated it had improved from previous the examination. Extension and flexion were to 70 degrees, with ulnar deviation to 20 degrees. The 8-24-2015 note revealed wrist extension and flexion at 60 degrees. There was still wrist stiffness and swelling noted. The physician states she has made "very good progress with therapy" and that she would benefit from another month of that treatment by continuing with physical therapy 2 times per week for 4 weeks to focus on desensitization, stretching and strengthening. Documented treatment includes a pica splint, Voltaren, Prilosec, and Menthoderm Gel. On 7-21-2015, she was approved for 12 sessions of occupational-hand therapy, and had been attending these as of the 9-21-2015 visit. Number completed at that time is not documented. The treating physician's plan of care includes a request for authorization submitted 9-30-2015 for 12 sessions of occupational therapy which was denied on 10-5-2015. Current work status is temporary total disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy 2x a week for 6 weeks for the left 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: CA MTUS guidelines state that postoperative PT for a 1st dorsal compartment release is as follows :Radial styloid tenosynovitis (de Quervain's) (ICD9 727.04): Postsurgical treatment: 14 visits over 12 weeks. The note from 9/21/15 states that the patient is 5 months post-op from surgery. Thus in this case it is outside of the 12 week postsurgical time frame and therefore the recommendation is for non-certification. The request is not medically necessary.