

Case Number:	CM15-0209760		
Date Assigned:	10/29/2015	Date of Injury:	04/23/2015
Decision Date:	12/11/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	10/26/2015

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:

This is a 61 year old female with a date of injury of April 23, 2015. A review of the medical records indicates that the injured worker is undergoing treatment for de Quervain's tenosynovitis. Medical records dated October 1, 2015 indicate that the injured worker was status post right carpal tunnel release and de Quervain's release on September 24, 2015 and "Is doing well." Records also indicate that there had been a resolution of her numbness and tingling. The physical exam dated October 1, 2015 reveals no bleeding, erythema, drainage, or infection, and some mild soreness with motion of the first dorsal compartment, of both muscles. Treatment has included carpal tunnel release and de Quervain's release, and pre-surgery treatments including cortisone injections to the wrist. The treating physician documented (October 1, 2015) that the injured worker was to begin therapy. The utilization review (October 16, 2015) non-certified a request for twelve sessions of occupational therapy for the right hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy twice a week for six weeks for right hand: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

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

Decision rationale: The patient was injured on 04/23/12 and presents with pain in her neck, mid-back, and right hand. The request is for Occupational Therapy twice a week for six weeks for right hand. The RFA is dated 10/13/15 and the patient's current work status is not provided. On 09/24/15, the patient had a right carpal tunnel release and de Quervain's release. MTUS, post-surgical guidelines page 15, recommends 3-8 visits over a period of 3-5 weeks for patients undergoing a carpal tunnel release. The post-surgical time frame is 3 months. The patient is diagnosed with de Quervain's tenosynovitis. The utilization review letter states that "14 sessions of PT were approved post-op." In this case, an additional 12 sessions of therapy to the 14 sessions the patient already has authorized exceeds what is allowed by MTUS guidelines. Therefore, the request IS NOT medically necessary.