

Case Number:	CM15-0215058		
Date Assigned:	11/04/2015	Date of Injury:	08/19/2014
Decision Date:	12/16/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	11/02/2015

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 25 year old male with a date of injury on 08-19-2014. The injured worker is undergoing treatment for status post right DeQuervain's release. On 07-06-2015 a physician progress note dated 09-21-2015 documents the injured worker has right wrist pain that is improving with physical therapy. He complains of minimal pain with range of motion, he takes Ibuprofen 400mg as needed. Incision is healed and there is some tenderness. The initial physical therapy note dated 08-19-2015 documents he has full range of motion with pain at end range of motion in radial deviation and ulnar deviation. Grip strength is 30 PSI. There were no further physical therapy notes present for review. There is documentation present that he had attended 7 physical therapy visits as of 09-09-2015 post surgery. 12 sessions of physical therapy have been authorized since his surgery. He is not working. Treatment to date has included diagnostic studies, medications, status post right DeQuervain's release and physical therapy. On 10-14-2015 Utilization Review non-certified the request for therapeutic exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued post-operative physical therapy, 12 sessions, right 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: Review indicates the patient is s/p DeQuervain's release with 12 postop PT sessions authorized since his surgery. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. Submitted reports show no clear measurable evidence of progress with the therapy treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit and decreased pain complaints. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Post-surgical treatment guidelines for 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 certified postop therapy sessions with current request for additional 12 visits for a total of 24 sessions which is beyond the recommended surgical guidelines for procedure without demonstrated extenuating circumstances or postop complications. The Continued post-operative physical therapy, 12 sessions, right wrist is not medically necessary and appropriate.