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| Case Number: | CM15-0043676 | | |
| Date Assigned: | 03/13/2015 | Date of Injury: | 02/19/2013 |
| Decision Date: | 04/23/2015 | UR Denial Date: | 03/05/2015 |
| Priority: | Standard | Application Received: | 03/09/2015 |

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 43-year-old female who sustained a work related injury February 19, 2013. According to a primary treating physician's progress report, stamped February 24, 2015, the injured worker presented with complaints of pain right wrist/thumb. Range of motion for the right wrist and thumb are within normal limits with pain. She is currently attending physical therapy three times a week (handwritten notes not always legible to this reviewer). Diagnoses included DeQuervain's tenosynovitis and s/p DeQuervain's release, November 13, 2014. Treatment plan included continue physical therapy, (8) additional sessions, and prescribed Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued physical therapy 2x/4 (right wrist/thumb): Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 18-20.

Decision rationale: The 43-year-old patient complains of constant pain in right wrist, rated at 7/10, along with right hand numbness, as per progress report dated 01/13/15. The request is for CONTINUED PHYSICAL THERAPY 2 X 4 (RIGHT WRIST/THUMB). There is no RFA for this case, and the patient's date of injury is 12/19/13. The patient is status post right De Quervain's release and De Quervain's tenosynovitis, as per progress report dated 02/24/15. The patient is off work, as per the same progress report. MTUS post-surgical guidelines, pages 18-20, recommend 14 sessions over a span of 12 weeks. The post-operative time frame is 6 months. In this case, the patient is status post right De Quervain's release on 11/13/14, as per the operative report. In progress report dated 12/16/14, the treating physician is requesting for 8 sessions of post-operative therapy. In progress report 02/24/15, the treating physician states that the patient is attending physical therapy three times a week. It helps with "pain for time of session." While progress reports do not document the total number of sessions completed, the UR letter states that the patient has been authorized for 12 sessions. MTUS allows 18-20 sessions for patient's within post-operative time frame. As the physician's request for 8 additional sessions falls within this range, the request is reasonable and IS medically necessary.