

Case Number:	CM15-0080920		
Date Assigned:	05/01/2015	Date of Injury:	05/10/2011
Decision Date:	06/03/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/27/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 an industrial injury on 5/10/2011. The injured worker was diagnosed as having bilateral de Quervain's syndrome. Treatment to date has included diagnostics, right carpal tunnel release in 2012, left carpal tunnel release in 2012, and left de Quervain's release 11/13/2014. Currently, the injured worker complains of persistent neck pain with hand and neck movements and prolonged postures. She was documented as completing one post-operative physical therapy session since surgery in 11/13/2014. Bilateral wrists had tenderness to palpation, positive Tinel's sign, and positive Finkelstein was noted in the right. Medication use was not described. The treatment plan included physical therapy x 8 sessions for the bilateral hands/wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 Times A Week for 4 Weeks for The Bilateral Hands/Wrists:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 21.

Decision rationale: The claimant sustained a work-related injury in 2011 and underwent a DeQuervain's release in November 2014. When seen, she was having ongoing wrist pain. She had only attended one therapy treatment. There was positive Finkelstein and Tinel's testing with bilateral wrist tenderness. Post surgical treatment after the claimant's surgery includes up to 14 therapy visits over 12 weeks with a postsurgical physical medicine treatment period of 6 months. In this case, the therapy being requested is within the guideline recommendation and is considered medically necessary.