

Case Number:	CM15-0087936		
Date Assigned:	05/12/2015	Date of Injury:	08/24/2011
Decision Date:	08/04/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	05/07/2015

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, Indiana, Oregon
 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 48 year old male, who sustained an industrial injury on 8/24/11. Initial complaint was of right wrist/hand pain and numbness. The injured worker was diagnosed as having synovial cyst; tenosynovitis of hand/wrist; pain in limb; wrist tendonitis/bursitis; hand strain/sprain; de Quervain's. Treatment to date has included status post excision right dorsal ganglion cyst and right de Quervain's surgery (2/15/2013); physical therapy (x 24); medications. Diagnostics studies included EMG/NCV upper extremities (12/3/12). Currently, the PR-2 notes dated 2/19/15 indicated the injured worker complains of residual pain. He underwent a revision surgery for de Quervain's release 2/15/13 and was seen 1/21/14 by another provider who indicated he should be seen by a hand specialist. He has received extensive treatment and does have mild peripheral neuropathy despite what appears to be De Quervain's release and excision of a ganglion cyst which was benign. The injured worker is also complaining of neck pain as well as right-sided shoulder and elbow pain. The provider's treatment plan included post-operative physical therapy for the right wrist 12 additional sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Additional Post-Op Physical Therapy Sessions Right Wrist: Upheld

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

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

Decision rationale: CA MTUS/Post surgical treatment guidelines , page 20 recommend 14 visits of therapy following release for DeQuervain's. The post surgical physical medicine period is 6 months. In this case the worker has exceeded both the recommended number of visits and is beyond the recommended physical medicine period. There is no evidence in the PR from 2/19/15 that the worker has expected functional improvement by further exceeding guideline recommendations. Based on this the request is not medically necessary.