

Case Number:	CM14-0033484		
Date Assigned:	06/20/2014	Date of Injury:	03/12/2012
Decision Date:	02/10/2015	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/17/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery, has a subspecialty in Sports Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 35-year-old female who reported an injury on 05/08/2012. The mechanism of injury was due to work related activities as a housekeeper. Pertinent diagnostic studies, surgical history, and medications were not provided for review. Her past treatments included postop physical therapy, surgery, acupuncture, steroid injection, and medication. On 02/04/2014, the injured worker complained of left wrist pain rated 8/10 that radiated into the elbow. The physical examination indicated tenderness over the first extensor compartment. The injured worker was indicated to have a positive Finkelstein's test of grade 4. She also had a radiocarpal full range of motion. She is also indicated to have her sensation and grip strength within normal limits. The injured worker also demonstrated negative Tinel's test, negative Durkan's, negative Phalen's, negative ulnar grind, and negative Watson's test. The documentation indicated the injured worker had left wrist de Quervain's tenosynovitis. Case notes also indicated the injured worker to have undergone a left wrist first extensor compartment open release. The assessments also include a surgical request for a left wrist first extensor compartment open release. The treatment plan included physical therapy 2 sessions per week for 6 weeks for the left wrist. A rationale was not provided. A Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two sessions per week for six weeks left wrist: Upheld

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

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

Decision rationale: The request for physical therapy two sessions per week for six weeks left wrist is not medically necessary. According to the California MTUS Postsurgical Treatment Guidelines, treatment of a radial styloid tenosynovitis is allowed 14 postsurgical physical therapy visits. Case notes indicated the patient to have been authorized 8 postsurgical therapy visits as of 02/18/2014. However, there was a lack of documentation in regards to objective functional improvement from the previous physical therapy sessions for review. In addition, there was lack of a current physical examination for review. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request for physical therapy two sessions per week for six weeks left wrist is not medically necessary.