

Case Number:	CM15-0117482		
Date Assigned:	06/25/2015	Date of Injury:	04/04/2014
Decision Date:	07/27/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/18/2015

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: Emergency Medicine

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 46 year old female, who sustained an industrial injury on 4/4/14. The injured worker has complaints of pain at radial wrist at surgical site. The documentation noted on examination that there was minimal tenderness. The diagnoses have included suspected left De Quervain's tenosynovitis, status post left radial wrist surgery and myofascial pain in the left trapezius. The documentation on 5/13/15 noted that the injured worker had made significant but incomplete gains with therapy and would benefit from an additional 12 sessions of therapy. Treatment to date has included status post left De Quervain's release; injections; home exercise program; occupational therapy and anti-inflammatories. The request was for occupational therapy, 12 sessions, 2 times per week for 6 weeks, left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy, 12 sessions, 2 times per week for 6 weeks, left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Online - Forearm, wrist and hand.

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

Decision rationale: The requested Occupational therapy, 12 sessions, 2 times per week for 6 weeks, left wrist is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Post Surgical Rehabilitation (8 CCR 9792.24. 3), Forearm, Wrist, & Hand California Medical Treatment Utilization Schedule (MTUS), 2009, Post Surgical Rehabilitation (8 CCR 9792.24. 3), Forearm, Wrist, & Hand, Page 21 note: "Radial styloid tenosynovitis (de Quervain's) (ICD9 727.04): Postsurgical treatment: 14 visits over 12 weeks; Postsurgical physical medicine treatment period: 6 months." The injured worker has pain at radial wrist at surgical site. The documentation noted on examination that there was minimal tenderness. The diagnoses have included suspected left De Quervain's tenosynovitis, status post left radial wrist surgery and myofascial pain in the left trapezius. The documentation on 5/13/15 noted that the injured worker had made significant but incomplete gains with therapy and would benefit from an additional 12 sessions of therapy. The treating physician has not documented the medical necessity for therapy in addition to two additional sessions for instruction and supervision of a transition to a dynamic home exercise program. The criteria noted above not having been met, Occupational therapy, 12 sessions, 2 times per week for 6 weeks, left wrist is not medically necessary.