

Case Number:	CM15-0068041		
Date Assigned:	04/15/2015	Date of Injury:	07/10/2013
Decision Date:	05/14/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/09/2015

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: Maryland, Virginia, North Carolina
Certification(s)/Specialty: Plastic 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 57 year old female, who sustained an industrial injury on July 10, 2013, incurring injuries to the left hand, arm, wrist and back due to repetitive actions. Treatment included cortisone injections, pain medications, and occupational therapy and activity restrictions. She was diagnosed with carpal tunnel syndrome. Currently, the injured worker complained of persistent left wrist pain. A left wrist dorsal compartment release was performed. The treatment plan that was requested for authorization included twelve sessions of post-operative physical therapy and a post-operative custom splint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve sessions of post-operative physical therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10 and 21.

Decision rationale: The patient is a 57 year old female who was certified for left DeQuervain's release and thus, postoperative physical therapy(an initial course of therapy) should be considered medically necessary based on the following guidelines: Radial styloid tenosynovitis (de Quervain's) (ICD9 727.04): Postsurgical treatment: 14 visits over 12 weeks. Postsurgical physical medicine treatment period: 6 months initial course of therapy means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in subdivision (d)(1) of this section. Therefore, 12 visits would exceed the initial course of therapy and should not be considered medically necessary. However, further therapy could be requested after this initial course of therapy, if it is deemed the patient still requires formal treatment.

Custom splint (Post-Operative): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM California Guidelines Plus, Web-Based Edition.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Book Chapter, Carpal Tunnel Syndrome, Ulnar Tunnel Syndrome, and Stenosing Tenosynovitis James H. Calandruccio Campbell's Operative Orthopaedics, Chapter 76, 3637-3660.

Decision rationale: The patient is a 57 year old female who was certified for left DeQuervain's release. However, there is insufficient documentation to justify a custom-made, pre-fabricated splint. In addition, as discussed in the below reference, thumb and hand motion is encouraged and thus, long-term splinting should not be necessary. Therefore, a custom-made splint should not be considered medically necessary. Postoperative Care is discussed following De Quervain's release from Campbell's Operative Orthopaedics: The small pressure dressing is removed after 48 hours; an additional dressing can be applied if needed. Thumb and hand motion is immediately encouraged and is increased as tolerated, except for forceful wrist flexion, which may predispose the tendons toward subluxation during the first 2 weeks after surgery.