

Case Number:	CM15-0074747		
Date Assigned:	04/24/2015	Date of Injury:	09/27/2012
Decision Date:	05/22/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/20/2015

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 54 year old female, who sustained an industrial injury on September 27, 2012. She has reported left wrist pain. Diagnoses have included left wrist fracture, and De Quervain's stenosing tenosynovitis. Treatment to date has included medications, wrist surgery, therapy, injections (with no significant relief of symptoms), and imaging studies. A progress note dated March 17, 2015 indicates a chief complaint of left wrist pain. The treating physician documented a plan of care that included medications and continuation of therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional occupational therapy 3x4 for the left 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work-related injury in September 2012 with a left distal radius fracture. She underwent ORIF and then hardware removal with the last surgery done in November 2014 followed by 16 therapy sessions as of 03/12/15. An injection for DeQuervain tenosynovitis done in February 2015 did not result in any improvement. Addition occupational therapy was requested. Finkelstein testing has been positive since December 2014. Guidelines recommend 16 visits over 8 weeks with a physical medicine treatment period of 4 months after surgical treatment of a distal radius fracture and 12 visits over 8 weeks for the treatment of DeQuervain tenosynovitis . In this case, concurrent treatments would be expected. The claimant has already had the recommended number of post-surgical therapy visits which have included treatment for DeQuervain tenosynovitis. Compliance with an independent exercise program would be expected and would not require continued skilled therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. The additional therapy being requested is in excess of the guideline recommendation for both conditions and not medically necessary.