

Case Number:	CM15-0092304		
Date Assigned:	05/18/2015	Date of Injury:	03/20/2014
Decision Date:	07/31/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/13/2015

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 28-year-old female who sustained an industrial injury on 03/20/14. Initial complaints and diagnoses are not available. Treatments to date include bracing, work restrictions, and a home exercise program. Diagnostic studies include an electro diagnostic study of the left arm on 03/10/15, which was negative for carpal tunnel syndrome or cubital tunnel syndrome. Current complaints include left wrist pain. Current diagnoses include tenosynovitis De Quervain's and cumulative trauma injury. In a progress note dated 03/19/15 the treating provider reports the plan of care as continued work restrictions, home exercise program, and bracing. The requested treatments include postoperative hand therapy. The patient is noted to have undergone left De Quervain's release on 6/11/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post Op Hand Therapy, 2 times per wk for 6 wks, 12 sessions: Upheld

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

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

Decision rationale: As the patient had undergone release of the left wrist 1st dorsal compartment, postoperative physical 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; From page 10, 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, based on these guidelines, 12 visits would exceed the initial course of therapy guidelines and should not be considered medically necessary. Up to 7 visits would be consistent with these guidelines for an initial course of therapy.