

<b>Case Number:</b>	CM13-0014907		
<b>Date Assigned:</b>	04/23/2014	<b>Date of Injury:</b>	02/01/2011
<b>Decision Date:</b>	06/10/2014	<b>UR Denial Date:</b>	08/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2013

### 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 and is licensed to practice in Pennsylvania. 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 claimant is a 67-year-old female who sustained an injury to the left hand, fifth digit on February 1, 2011. Records provided for review note that the claimant is status post bilateral carpal tunnel release procedure with continued complaints of pain. Clinical report of 08/06/13 documented thumb and fifth digit pain with use to the left upper extremity. There was described catching over the A1 pulley. Documentation of specific treatment was not noted. A request for a trigger finger release procedure of the left thumb and fifth digit was not recommended by the carrier. This is a request for postoperative physical therapy for the claimant's digits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**POST-OPERATIVE PHYSICAL THERAPY 3 X WEEK FOR WEEKS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** Based on California MTUS Postsurgical Rehabilitative Guidelines postoperative physical therapy for this individual's left hand for a diagnosis of trigger finger release would not be indicated. Presently, there is no documentation that the surgical process has occurred or has been supported by records for review. There is no indication of the need for

postoperative physical therapy for this individual. The request is not medically necessary or appropriate.