

Case Number:	CM13-0018140		
Date Assigned:	10/11/2013	Date of Injury:	05/18/2011
Decision Date:	03/18/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	08/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 53 year old female with injury from 05/18/11. Per [REDACTED] report dated 08/09/2013 diagnoses are carpal tunnel syndrome, tenosynov hand/wrist, and shoulder impingement. On this report, the treater states that the patient has numbness of bilateral hands, pain right shoulder, ADL problems. Exam showed triggering bilateral 5th fingers He recommended MRI of shoulder, PT 2x3, and trigger finger releases. Continue work. There are two additional progress reports. 3/13/13 report has symptoms that are similar but no specific recommendations. 2/27/13 report has decreased pain/swelling in hands, no tingling of the fingers, decreased triggering of the right finger. Recommendation was for PT, exercise and continue meds. Patient was off of work until 3/3/13. Operative report is noted from 11/19/12 for carpal tunnel release left, and trigger finger releases. The utilization review letter from 8/16/13 denied the request for PT 2x3 stating that one should wait for the results of MRI since the patient already had therapy in March following his prior surgery. Trigger finger release were denied as steroid injection should be tried first.

IMR ISSUES, DECISIONS AND RATIONALES

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

physical therapy two times a week for tree weeks for the right shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: Recommendation is for authorization. The treater's report are sparse and does not provide much information. However, the treater is concerned enough about the patient's triggering fingers to consider surgical release and therapy has been requested. Review of the reports show that the patient likely had therapy following carpal tunnel release and prior trigger releases in 2012. There is no evidence that there were any additional therapy recently. MTUS supports therapy for tendinitis, neuritis, myalgia, and similar symptoms. Given the patient's worsening symptoms, particularly with trigger fingers, a short course of therapy is warranted.

Bilateral 5th re-trigger finger release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: patient, the treater does not document what kind of problems the patient is having with popping of the fingers. There is no discussion of the patient's problem with the trigger fingers under subjective complaints. Examination is also quite sparse, only mentioning popping of the 5th digits. One cannot tell how much the popping bothers the patient. One cannot tell whether or not home exercises, therapy and other options have been discussed such as a repeat steroid injection. Recommendation is for denial of the request. The patient has not re-ried steroid injection and the patient is pending therapy.