

Case Number:	CM13-0035469		
Date Assigned:	12/13/2013	Date of Injury:	05/27/2012
Decision Date:	02/05/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/17/2013

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 Occupational Medicine 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. 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 applicant is a represented [REDACTED] employee, who has filed a claim for hand pain and a trigger finger reportedly associated with an industrial injury of May 27, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; trigger finger release surgery on May 23, 2013; unspecified amounts of physical therapy, per the claims administrator's utilization review report of October 4, 2013; attorney representation; and work restrictions. It is unclear whether the applicant's limitations have been accommodated or not, however. In a utilization review report of October 4, 2013, the claims administrator denied request for eight sessions of physical therapy, stating that it was uncertain how much prior therapy the applicant had had. Tylenol No. 3 was also denied. The claims administrator cited the MTUS-adopted ACOEM Guidelines and the ODG Chronic Pain Medical Treatment Guidelines as opposed to citing the MTUS Chronic Pain Medical Treatment Guidelines, as is incidentally noted. The applicant's attorney later appealed, on October 14, 2013. An earlier progress note of September 3, 2013 is notable for comments that the applicant reports reduction in pain scores from 6/10 to 2/10 after medication usage. The applicant does have active triggering about the ring finger. The applicant has a followup appointment with her hand surgeon. Authorization is sought for ring finger trigger finger release. It is stated that the applicant has not completed any postoperative physical therapy following prior surgery in May 2013. Additional physical therapy is sought. The applicant is placed on modified duty. Tylenol No. 3 is renewed. Specifically reviewed is a hand therapy initial evaluation of July 8, 2013. It also appears that the applicant did receive some hand therapy on June 5, 2013, June 17, 2013, June 20, 2013, and July 8, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post-op OT 2 x 4, right ring finger: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (2009) Page(s): 99, Postsurgical Treatment Guidelines.

Decision rationale: The applicant underwent prior right ring finger trigger finger release surgery on May 23, 2013. MTUS 9792.24.3 establishes a four-month postsurgical physical medicine treatment period following trigger finger release surgery. Thus, as of the date of the utilization review report of October 9, 2013, the MTUS Chronic Pain Medical Treatment Guidelines were applicable. The MTUS Chronic Pain Medical Treatment Guidelines do support a general course of 9 to 10 sessions of treatment for myalgias and/or myositis of various body parts. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines further endorses hand therapy as well as active modalities. In this case, the applicant did have residual deficits as of the most recent documented office visit in September 2013 which did warrant additional treatment. In terms of stiffness, tenderness, triggering, etc. the applicant had still not been returned to regular work as of the date in question. For all of these reasons, the original utilization review decision is overturned. The request is certified. It is further noted that the applicant only appears to have had four sessions of therapy based on the information on file following the trigger finger release surgery.

Tylenol #3 1-2 every 6 hours PRN: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment. Decision based on Non-MTUS Citation ODG, Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (2009) Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved functioning, and reduced pain effected as a result of opioid usage. In this case, it appears that the applicant had met at least two of the three aforementioned criteria. While it is not certain whether she returned to work or not, she had reported appropriate reduction in pain scores from 6/10 to 2/10 through prior Tylenol No. 3 usage. She did seemingly report improved function in terms of the injured hand as a result of the Tylenol No. 3 usage. Therefore, the original utilization review decision is overturned. The request is certified.