

Case Number:	CM13-0043867		
Date Assigned:	12/27/2013	Date of Injury:	06/04/2008
Decision Date:	07/23/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/31/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 67 year old female with a work injury dated 6/4/08. Her diagnoses includes lumbar disc herniation with radiculitis/radiculopathy, right thumb trigger finger, right knee sprain. Under consideration is a request for physical therapy 2 x per week for 6 weeks to the right thumb. A 10/31/13 office visit document indicates that the patient was given a lumbar epidural steroid injection on October 23, 2013 and she had an allergic reaction to the injection. She states that the pain is severe in her right thumb. Physical exam reveals triggering of the right thumb. The treatment plan of the thumb includes a thumb spica splint and therapy to the right thumb. An 8/8/13 office visit states that the patient complains of triggering in her right thumb. The document states that at this time, the patient wants to proceed with the conservative treatment to the right thumb before considering cortisone injection. There is a request for authorization for physical therapy, to the right hand and thumb, two times a week for six weeks. The focus should include strength training, increasing range of motion, and decreasing pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 TIMES PER WEEK FOR 6 WEEKS TO THE RIGHT HAND AND THUMB: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 273, Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist, hand-physical therapy.

Decision rationale: Physical therapy 2 times per week for 6 weeks to the right hand and thumb are not medically necessary per the California MTUS Chronic Pain Medical Treatment Guidelines, ODG guidelines, and ACOEM MTUS guidelines. The ODG states that physical therapy can be done for trigger finger post surgery and recommends up to 9 visits for this. There is no evidence that the patient has had surgery for this condition. The ACOEM guidelines state that referral to a surgeon should be made for trigger finger after patient education; conservative treatment including splinting and injection have failed. The California MTUS Chronic Pain Medical Treatment Guidelines do not specifically discuss physical medicine for trigger finger but for myalgia recommends up to 10 visits. The documentation indicates that the patient has not tried conservative treatment for this condition. The request for physical therapy 2 x per week for 6 weeks to the right hand and thumb exceeds the guideline recommendations for this condition and is not medically necessary.