

Case Number:	CM13-0045711		
Date Assigned:	12/27/2013	Date of Injury:	09/17/2011
Decision Date:	03/14/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/12/2013

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 Orthopedic Surgery, has a subspecialty in Hand Surgery and is licensed to practice in Texas. 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 patient is a 36-year-old male who reported an injury on September 17, 2011. The mechanism of injury was not provided within the medical records. The patient's treatment to date is unclear; however, it is noted that he had trigger finger and carpal tunnel release surgeries performed on July 19, 2013 and at least 12 sessions of postoperative physical therapy. The most recent clinical note was dated November 26, 2013 and revealed that the patient continued to have mild right hand and wrist swelling with occasional triggering of the middle finger. His incisions have healed and he was neurovascularly intact, except for a slight decrease in sensation over his small fingertip. This note also indicated that the patient had been attending occupational therapy, but continued to have decreased range of motion at the fingers; this was not quantified. The most recent therapy note submitted for review was dated November 2013, but it is illegible. Even so, there does not appear to be any range of motion values recorded at this time, nor on the prior dated therapy notes with the exception of the initial evaluation on August 08, 2013. It is noted that the patient has returned to work with modifications. There was no other clinical information submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) sessions of physical therapy for the right small index fingers, two (2) times a week for four (4) weeks .: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 22, 16..

Decision rationale: The California MTUS/ACOEM Guidelines state that up to eight (8) visits of post-operative physical therapy are recommended for carpal tunnel release and up to nine (9) visits of post-operative physical therapy are recommended for trigger finger release. Furthermore, the postsurgical treatment period is up to four (4) months for trigger finger and three (3) months for carpal tunnel release. As the patient has received 12 post-operative physical therapy sessions to date and there were no current objective measurements available for review, the medical necessity of this request has not been established. Furthermore, the patient has passed his postsurgical treatment period for both the trigger finger and carpal tunnel release surgeries. As such, the request for eight (8) sessions of physical therapy for the right small index fingers, two (2) times a week for four (4) weeks is non-certified.