

<b>Case Number:</b>	CM13-0055781		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/01/2010
<b>Decision Date:</b>	05/16/2014	<b>UR Denial Date:</b>	11/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2013

### 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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for ulnar neuropathy reportedly associated with an industrial injury of June 1, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; earlier right and left carpal tunnel release surgeries; and extensive periods of time off of work. In a Utilization Review Report of November 8, 2013, the claims administrator denied a request for 12 sessions of physical therapy. The claims administrator noted that the applicant was status post trigger release of the right thumb and long finger on July 16, 2013. The claims cited non-MTUS ODG Guidelines to deny the request for additional physical therapy following trigger finger release surgery. The claims stated that the applicant had had unspecified amounts of postoperative therapy through that point in time. The applicant's attorney subsequently appealed, on November 19, 2013. In a progress note of November 22, 2013, the applicant was described as having ongoing issues with elbow pain and numbness about the small and ring fingers. It was stated, conversely, that the applicant's trigger thumb and right long finger issues had resolved following trigger finger release surgeries. The applicant was given an elbow corticosteroid injection into the cubital tunnel in the clinic. Relafen and Norco were refilled while the applicant was placed off of work, on total temporary disability, through February 1, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy twice a week for six weeks for the thumb and index trigger finger:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** The applicant was still within the four-month postsurgical physical medicine treatment period established in MTUS 9792.24.3 following earlier trigger finger release surgery on July 16, 2013. As noted in section 9792.24.3.c.4, the frequency of physical therapy visits should be gradually reduced or discontinued as applicant gains independence in management of symptoms and with achievement of functional goals. In this case, the applicant had responded favorably to earlier postoperative physical therapy. The applicant was described as having essentially experienced a resolution of issues related to the trigger thumb and index finger following surgical release of the same. Further postoperative physical therapy for this issue was not indicated, given the near-complete resolution of the applicant's symptoms. Therefore, the request is not medically necessary, on Independent Medical Review.