

Case Number:	CM13-0057699		
Date Assigned:	12/30/2013	Date of Injury:	11/02/2009
Decision Date:	05/21/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/25/2013

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 Orthopedic Surgery and is licensed to practice in Georgia and 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 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 injured worker is a 65-year-old male who reported an injury on 11/02/2009. The mechanism of injury was not provided for review. The injured worker ultimately underwent right 4th trigger finger release. The injured worker was evaluated on 09/24/2013. It was noted that the injured worker had postoperative swelling and had not received any postoperative physical therapy. The injured worker's diagnoses included brachial neuritis/radiculitis, and lumbago. A request was made for referral for a lumbar spine evaluation; post-operative physical therapy for the injured worker's left 4th trigger finger, and a replacement back brace. The injured worker was evaluated on 11/05/2013. Objective findings included an inability to make a full fist with decreased range of motion of the left 4th digit and increased numbness and tingling into the right hand. It was noted that the injured worker had not initiated postoperative physical therapy at that time. The injured worker's treatment plan included postoperative physical therapy and a referral to an orthopedic specialist for evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 TIMES A WEEK FOR 14 WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The requested physical therapy 2 times a week for 14 weeks for the right trigger finger release is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends up to 9 visits of physical therapy in the postsurgical management of this type of surgery. The request exceeds this recommendation. There are no exceptional factors noted to extend treatment beyond guideline recommendations. There are no barriers noted within the documentation to preclude progress of the injured worker while participating in a normal course of postoperative physical therapy. As such, the requested physical therapy 2 times a week for 14 weeks for the right trigger finger release is not medically necessary or appropriate.