

Case Number:	CM13-0058093		
Date Assigned:	12/30/2013	Date of Injury:	04/01/2012
Decision Date:	03/24/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	11/26/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 61-year-old male with a date of injury of 04/01/2012. The listed diagnoses by [REDACTED] dated 11/08/2013 are status post left 4th finger flexor tenolysis, Dupuytren's, fasciectomy, and volar metacarpophalangeal joint capsulotomy. According to report dated 11/08/2013 by [REDACTED], the patient is 6 months' status post left 4th finger surgery. It was noted that patient is doing well with therapy; however, there has been some noted asymmetric motion of the left 4th finger and triggering. Examination revealed well-healed wound. There is gliding of the flexor tendon cyst. "Tip to DPC is less than 0.5 cm, extension of MCP joint to neutral." It was noted that patient is still "triggering" and this may be due to residual edema. Treater requests another round of therapy for patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x 12 left trigger finger: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99, Postsurgical Treatment Guidelines Page(s): 18-20.

Decision rationale: This patient is status post 4th finger surgery. The treater is requesting physical therapy x12 for the left trigger finger. The MTUS Postsurgical Guidelines page 18 to 20, under forearm, wrist, and hand recommends for Dupuytren's postsurgical treatment, 12 visits over 8 weeks. Postsurgical physical medicine treatment period is 4 months. Medical records show the patient is status post 4th finger surgery dated 09/25/2013. The patient received 12 postsurgical therapies dating from 09/27/2013 to 10/10/2013. The requested additional 12 sessions exceeds what is recommended by MTUS Postsurgical Guidelines. Recommendation is for denial.