

Case Number:	CM13-0061277		
Date Assigned:	12/30/2013	Date of Injury:	01/19/1999
Decision Date:	04/18/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/04/2013

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 Pennsylvania. 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 request is for postoperative physical therapy two times a week for six weeks, for a total of twelve sessions. This is a 65-year-old right-hand dominant female with two apparent dates of injury. One was on January 19, 1999. Records also indicated a potential date of injury of June 10, 2013. No mechanism of injury was noted in the records reviewed. She has had previous digit releases bilaterally. The patient was approved for a left ring finger trigger finger release and post operative therapy is being requested. Based on the medical records reviewed, the patient does have clinical evidence of triggering of the left ring finger, which has failed to respond to conservative measures. The patient has not been in favor of repeated injections into the finger in question.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST OPERATIVE PHYSICAL THERAPY (12 SESSIONS): Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The California MTUS Guidelines recommend nine visits over eight weeks. The request for two visits a week for six weeks would be in excess of the current recommendations per the Guidelines. There were no clinical notes provided that would indicate

any extenuating circumstances in this case that would necessitate additional physical therapy visits in this straightforward trigger finger release. Therefore, the requested physical therapy is not medically necessary or appropriate.