

<b>Case Number:</b>	CM14-0001648		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	08/16/2012
<b>Decision Date:</b>	04/07/2014	<b>UR Denial Date:</b>	12/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2014

### 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, 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 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 claimant is a 32-year-old female with a reported injury due to cumulative trauma from August 2012 to August 2013. The records suggested a history consistent with stenosing tenosynovitis of the right third and fourth digits. The claimant reportedly failed corticosteroid injections and physical therapy, and surgery consisting of a trigger finger release is planned. A request has been made for twelve sessions of post-operative therapy and a cold therapy unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for Postoperative Hand Therapy 3 x 4:** Upheld

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

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

**Decision rationale:** The request for twelve sessions of post-operative physical therapy exceeds California MTUS Guidelines that allows nine visits over eight weeks after this surgery. The surgery is relatively minor and many patients do not even require the total number of visits allowed by guidelines. Therefore, the request for 12 sessions of postoperative physical therapy is not recommended as medically necessary.

**The request for DME: Cold Therapy Unit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Medical Treatment Utilization Schedule (MTUS), 2009, American College of Occupational and Environmental Medicine (ACOEM), Occupational Medical Practice Guidelines, Second Edition, 2004, Chapter 11, Page 265.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Forearm, hand, and Wrist: cold packs.

**Decision rationale:** In addition, the use of a cold therapy unit would not be medically necessary for such a minor surgical procedure. CA MTUS Guidelines does not address but the Official Disability Guidelines do not support anything more than home application of cold packs as needed.