

Case Number:	CM14-0002120		
Date Assigned:	01/24/2014	Date of Injury:	08/25/2012
Decision Date:	06/06/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/07/2014

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, has a subspecialty in Preventive 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 trigger finger and radial fracture reportedly sustained in an industrial injury of August 25, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; open reduction and internal fixation of a forearm fracture; 12 sessions of physical therapy, per the claims administrator; a trigger finger release surgery; and extensive periods of time off of work. In a Utilization Review Report dated December 19, 2013, the claims administrator denied a request for additional physical therapy. The applicant's attorney subsequently appealed. In a December 13, 2013 progress note, the applicant was asked to remain off of work until January 31, 2014. Six sessions of hand therapy were sought to try and improve the applicant's grip strength. The applicant is given diagnosis of trigger finger and distal radial/ulnar fracture. Overall pain levels were 7/10. The applicant's case was apparently complicated by comorbid osteopenia, it was stated. An earlier handwritten note of December 3, 2013 was again notable for comments that the applicant was off of work, on total temporary disability. The applicant exhibited full digital range of motion and a healed incision line at the middle finger A1 pulley, it was stated. Also reviewed is an October 8, 2013 operative report, in which the applicant underwent a left long finger trigger finger release surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY, 2 TIMES PER WEEK FOR 3 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

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 the trigger finger surgery which reportedly transpired on October 8, 2013. The applicant had, furthermore, had prior treatment (12 sessions), seemingly in excess of the nine-session course recommended in section 9792.24.3 following the trigger finger release surgery in question. While additional treatment beyond the guideline could have been supported, given the applicant's comorbidities including osteopenia, section 9792.24.3.c.4d states that postsurgical treatment shall be discontinued at any time during the postsurgical physical medicine period in applicants in whom no functional improvement is demonstrated. In this case, it does not appear that the applicant demonstrated functional improvement with completion of the 12 prior postoperative physical therapy treatments already in excess of the nine-session course recommended in section 9792.24.3. The applicant remains reliant on opioid analgesics such as Tylenol No.3. The applicant remained off of work, on total temporary disability, as of the two- to four-month mark of the date of surgery. There is no evidence of progressively diminishing work restrictions which might the case that the applicant was demonstrating functional improvement as defined in section 9792.20f. The request for physical therapy, twice weekly for three weeks, is not medically necessary or appropriate.