

Case Number:	CM14-0009478		
Date Assigned:	02/14/2014	Date of Injury:	10/04/2006
Decision Date:	06/24/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/24/2014

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 Plastic & Reconstructive Surgery, and is licensed to practice in Maryland. 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 patient is a 54 year old female with a reported date of injury on 10/4/2006 who complained of severe triggering of the right index finger, long finger and ring finger that had failed nonoperative management. She is documented to have undergone release of the right three fingers on 9/24/13. Post-operative visits initially documented routine healing. Documentation from 10/28/13 notes the patient's wounds are healed but that she is stiff. 8 visits of hand therapy are recommended. Documentation from 11/18/13 notes that the wounds are healed. 'Recovery so far uneventful.' Recommendations are for to start/continue hand therapy. Documentation from 12/16/13 notes no triggering, wounds healed and recommendation for additional 6 hand therapy visits. The assessment is not legible. Report dated 12/19/13 notes that the patient lacks full fist range-of-motion of the right hand and has not not reached maximum medical improvement. 'She was delayed starting physical therapy, she has only had 6 sessions and she has quite restricted range of motion.' Recommendations from this evaluation are made for an additional 10 physical therapy visits. Recommendation from the requesting surgeon was an additional 6 hand therapy visits. From the evaluation on 1/9/14, the patient is noted to have improved from her physical therapy of the right hand. Utilization review dated 12/30/2013 did not certify the request for 6 additional visits of post-operative physical therapy for right trigger finger. Reasoning given was that on the last evaluation the patient was noted to be progressing well. Rationale for additional hand therapy not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 ADDITIONAL VISITS OF POST-OPERATIVE PHYSICAL THERAPY (RIGHT TRIGGER FINGER): Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 11, 22.

Decision rationale: The patient is a 54 year old female who had undergone triggering release of the right index, long and ring fingers on 9/24/13. There is some evidence that the patient had been going to hand therapy that was delayed but documented to have attended 6 sessions. Although the note dated 11/18/13 does not document limited range-of-motion, a previous note from 10/28/13 did. In addition, the QME dated 12/19/13 notes significant restriction in range-of-motion. The total number of physical therapy visits appears to be 6 to date. From Post-Surgical Treatment Guidelines Trigger finger page(s) 22 Trigger finger (ICD9 727.03): Postsurgical treatment: 9 visits over 8 weeks *Postsurgical physical medicine treatment period: 4 months Thus, for routine follow-up of trigger finger release, recommendations are for 9 visits over 8 weeks or 2 months. However, the patient is noted to not have started physical therapy initially after surgery. In addition, the patient is noted to have significant limitation in her range-of-motion from evaluation dated 12/19/13. As stated in the postsurgical treatment, if there is evidence of continued improvement after the initial therapy, the physical therapy can be extended to the total treatment period of 4 months. As stated from page 11, 'If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. There is sufficient evidence that this is the case for this patient. From the evaluation on 1/9/14, the patient is noted to have improved from her physical therapy of the right hand. Thus, the overall treatment period is for 4 months since the date of surgery, which is 9/24/13. An additional 6 treatments is consistent with this. With this additional therapy, there should be follow-up documentation to continue to justify this therapy. Thus, the request for additional therapy based on the overall documentation from the medical record(including the QME dated 12/19/13) is deemed to be medically necessary. The utilization review states that if additional findings are documented to warrant a change in the postoperative course, then further physical therapy may be indicated. This is the case for this patient. The patient is noted to have significant restriction in the range of motion of the surgically treated fingers and she has improved as stated from the evaluation on 1/9/14: 'the patient is noted to have improved from her physical therapy of the right hand.' Thus, findings in this review are consistent with the utilization review recommendations and is medically necessary.