

Case Number:	CM14-0012016		
Date Assigned:	02/21/2014	Date of Injury:	02/17/2011
Decision Date:	08/11/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	01/30/2014

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 Physical Medicine & Rehabilitation 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 injured worker is a 68-year-old female who reported an injury on 02/17/2011, due to an unspecified mechanism of injury. On 11/21/2013, she reported right hand pain. A physical examination of the right hand revealed mild swelling, a well-healed incision, tenderness over the incision site, full range of motion, no instability, and neurovascularity was intact distally. Unofficial x-ray findings of the right hand dated 02/22/2011 revealed degenerative changes to the DIP joints of the third and fifth digits at a minimum, and perhaps the third as well. She underwent right middle finger A1 pulley release performed on 10/12/2011, and a right ring finger A1 pulley release performed on 09/23/2013. Her diagnosis included right hand tenosynovitis, status post right middle finger A1 pulley release, right trigger finger, right index early stenosing and synovitis, and right small early stenosing tenosynovitis. Past therapies included chiropractic therapy and 36 physical therapy sessions. The treatment plan was for physical therapy 2 times a week for 3 weeks to the right hand. The Request for Authorization form was signed on 11/21/2013. The rationale was to address her additional pain and swelling

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWO TIMES PER WEEK FOR THREE WEEKS TO THE RIGHT HAND: Upheld

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

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

Decision rationale: The request for physical therapy 2 times a week for 3 weeks to the right hand is not medically necessary. On 11/21/2013, the injured worker reported right hand pain. Mild swelling, tenderness over the incision site, full range of motion, no instability and intact neurovascularity was noted. The injured worker had attended a total of 36 physical therapy sessions and was making slower than expected progress. The California Postsurgical Treatment Guidelines state that postsurgical treatment is recommended for 9 visits over 8 weeks, with a postsurgical physical medicine treatment period of up to 4 months. Based on the clinical information submitted for review, the injured worker attended 36 sessions of physical therapy and does not have any remaining significant functional deficits to support additional physical therapy sessions. In addition, the documentation provided is lacking information regarding significant functional deficits with the prior session and there were no exceptional factors noted as to why the injured worker would need an exceeding amount of physical therapy sessions. The request is not supported by the guideline recommendations. Given the above, the request is not medically necessary.