

Case Number:	CM14-0017706		
Date Assigned:	04/16/2014	Date of Injury:	09/29/2012
Decision Date:	06/03/2014	UR Denial Date:	02/01/2014
Priority:	Standard	Application Received:	02/12/2014

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 Orthopedic Surgery and is licensed to practice in Arizona. 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 55-year-old male with a date of injury on 09/29/2012 who reported a several month history of progressive stiffness and pain in his right thumb as well as locking and triggering of his left third, fourth, and fifth digits. Examination dated February 19, 2013 states the patient has failed non-operative treatment including rest, ice, oral anti-inflammatories, therapy, activity modification, and steroid injection. On 7/10/2013, the patient underwent an excision of the A1 pulley of the left fourth digit. Despite physical therapy, the patient developed a 30° flexion contracture at the metacarpophalangeal (MP) joint of the fourth finger. On 12/4/2013, the patient underwent a fasciectomy of the left fourth finger and an excision of the A1 pulley of the fifth digit. Postoperatively he was fitted with an extension splint at night, he was to continue with his anti-inflammatory medications and continue with his home exercise program. A request for 12 sessions of physical therapy was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2X6 FOR THE LEFT HAND: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL THERAPY Page(s): 474.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 18-22.

Decision rationale: The Postsurgical Treatment Guidelines for Forearm, Wrist, and Hand Chapter specifies 9 physical therapy visits over 8 weeks for trigger finger. In this case, the patient had a trigger finger release of the fourth finger, and despite physical therapy developed a flexion contracture at the metatarsophalangeal (MP) joint and a dense band of scar tissue in this area. He subsequently underwent a second left hand operation which included a fasciectomy of the fourth finger and also a release of the A1 pulley of the fifth finger. While there is no mention of a fasciectomy of the digit, the surgical procedure of the fourth finger is similar to a release of the palmar fascia as seen in Dupuytren's disease. This allows 12 physical medicine visits over 8 weeks. Therefore, the request for physical therapy twice a week for six weeks for the left hand is medically necessary and appropriate.