

Case Number:	CM14-0113792		
Date Assigned:	08/01/2014	Date of Injury:	06/22/2009
Decision Date:	09/23/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/21/2014

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 Internal Medicine and is licensed to practice in New York. 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 female with a date of injury on 06/22/2009. She sustained an abrasion to her right hand. A diagnosis of osteoarthritis of the basal joint of the right thumb was also made. The diagnosis included the trigger digit of right thumb. Years later, on 02/04/2014, she had right thumb tenderness and therapy that is more physical was requested. On 03/18/2014 and on 06/24/2014 there was tenderness over the thumb A-1 pulley. There was a palpable nodule with triggering and locking of the thumb. Gradual improvement was noted with therapy. She was already receiving therapy in 03/2014 for the right thumb. The request in 07/2014 was for an additional 12 visits of therapy and five were approved on 07/16/2014. There was no documentation that she ever had right thumb surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x6 (hand therapy): Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 2014 Hand , Trigger finger physical therapy.

Decision rationale: The MTUS and ODG only mention a guideline for the maximum number of physical therapy visits to treat trigger finger after this condition was so severe that it required surgery. Although the patient did not have right thumb surgery, the previous review noted that for trigger finger treatment that was so severe that surgery was needed, after surgery the maximum allowed physical therapy visits according to MTUS was 9 visits over 8 weeks. This patient had some physical therapy since it was requested on 02/04/2014 and by 03/18/2014, she had completed some unknown number of visits. There was no documentation of any improvement on the physical exams of 02/2014, 03/2014 and 06/2014. Still 5 additional physical therapy were approved on 07/16/2014. ODG also has the same recommendation of a maximum of 9 physical therapy visits over 8 weeks for trigger finger treated with surgery. The total number of physical therapy visits this patient had from when it was first ordered in 02/2014 is not provided for review. Again, it was noted that in the 03/18/2014 she was already receiving active physical therapy. While it was noted that physical therapy was associated with improvement, no improvement was documented on the exams of 02/2014, 03/2014 and 06/2014. She has already exceeded the time period of 8 weeks over which physical therapy for this condition should be provided. There is no objective documentation that it was effective treatment. Including the five visits that were approved On 07/16/2014, she most likely exceeded the 9 visits allowed. The request for 12 visits exceeds the maximum number of physical therapy visits allowed for a more severe condition that would require surgery therefore, this request is not medically necessary.