

Case Number:	CM14-0164667		
Date Assigned:	10/09/2014	Date of Injury:	08/09/2006
Decision Date:	11/10/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/07/2014

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 Orthopedic Surgery 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:

According to the records made available for review, this is a 57-year-old female with an 8/9/06 date of injury and status post right trigger thumb surgery on 8/12/14. At the time (8/26/14) of the request for authorization for continued post-op physical therapy 2x wk x 3 wks on the right thumb, there is documentation of subjective (incision opened, incision is tender) and objective (incision is closed with a scab, positive scar tissue noted, limited range of motion) findings, current diagnoses (status post right trigger thumb surgery), and treatment to date (previous certification for 9 post-op physical therapy visits). There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with the post-op physical therapy treatments completed to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued post-op physical therapy 2x wk x 3 wks) on the right thumb: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 19, 22.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 22. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical

Evidence: Â§ 9792.24. 3. Postsurgical Treatment Guidelines; and Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Postsurgical Treatment Guidelines identifies up to 9 visits of post-operative physical therapy over 8 weeks and post-surgical physical medicine treatment period of up to 4 months. In addition, MTUS postsurgical treatment Guidelines identifies that the initial course of physical therapy following surgery is 1/2 the number of sessions recommended for the general course of therapy for the specified surgery. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of status post right trigger thumb surgery. In addition, there is documentation of 9 post-op physical therapy sessions previously certified, which is the limit recommended by guidelines. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with the post-op physical therapy treatments completed to date. Therefore, based on guidelines and a review of the evidence, the request for continued post-op physical therapy 2x wk x 3 wks on the right thumb is not medically necessary.