

<b>Case Number:</b>	CM14-0192114		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	02/08/2011
<b>Decision Date:</b>	01/12/2015	<b>UR Denial Date:</b>	11/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 Surgeon, Surgery on the Hand and is licensed to practice in Hawaii, Washington and 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 injured worker is a 55-year-old male who reported an injury on 02/08/2011. The mechanism of injury was a crush injury. His diagnoses include sleep disturbances, neuropathy, poor coping, depression and right hand crush injury. Previous treatments included medication, TENS unit, home exercise program, psychiatric evaluation and physical therapy for the hand. On 10/04/2014, it was reported the injured worker complained of pain in the neck, right shoulder and right hand/wrist. He complained of numbness and tingling in the right upper extremity. The injured worker complained of stiffness in the 3rd digit of the right hand. Upon the physical examination the provider noted the injured worker had tenderness to palpation of the right shoulder, right cervical and paraspinal muscles. The provider noted the pain radiated to the right ear. The injured worker had right 3rd digit finger stiffness. The provider noted that it took a few seconds to extend the 3rd finger after a fist was made. A request was submitted for postoperative hand therapy to the right hand times 12 sessions. However, a rationale was not submitted for clinical review. The Request for Authorization for not submitted for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical service: Hand therapy for the right hand x 12 sessions:** 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 associated surgical service hand therapy for the right hand times 12 sessions is not medically necessary. The California MTUS Postsurgical Treatment Guidelines state for trigger finger, postsurgical treatment includes 9 visits over 8 weeks with a postsurgical treatment period of 4 months. Additionally, initial course of therapy means half the number of visits specified in the general course of therapy for the specific surgery in the Post Surgical Physical Medicine Treatment recommendations. The clinical documentation submitted indicated the injured worker to continue to have stiffness in the right 3rd digit. However, the number of sessions requested exceeds the guidelines recommendation of initially half the number of visits in the postsurgical treatment. Therefore, the request is not medically necessary.