

Case Number:	CM14-0023780		
Date Assigned:	06/20/2014	Date of Injury:	12/14/2010
Decision Date:	08/05/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/25/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic hand pain reportedly associated with cumulative trauma at work between the dates of December 14, 2009 through December 14, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; multiple trigger finger release surgeries about the left second, third, fourth, and fifth digits on November 20, 2013; and 12 sessions of physical therapy, per the claims administrator. In a February 16, 2014 Utilization Review Report, the claims administrator denied a request for 12 additional sessions of physical therapy, stating that the applicant had already had treatment in excess of the nine-session course recommended in MTUS 9792.24.3 following a trigger finger release surgery. The applicant's attorney subsequently appealed. In a medical-legal evaluation of June 7, 2011, it was stated that the applicant's last date of work was April 8, 2011 and that the applicant had been off of work since that point. In an earlier occupational therapy note of April 20, 2011, it was stated that the applicant was a meat cutter and had essential job functions which included using knives repetitively, wrapping meat, and using electric meat slicers. The applicant underwent a right carpal tunnel release surgery, cubital tunnel release surgery, and thumb and index finger release surgeries on April 9, 2011. In a July 24, 2012 medical-legal evaluation, the applicant stated that he went back to regular work in February 2012 and was able to continue performing the same. The remainder of the file was surveyed, including the claims administrator's evidence log. The operative report was not provided. No progress notes from 2013 or 2014 were provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 3 TIMES A WEEK FOR 4 WEEKS FOR THE LEFT

WRIST/HAND: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The 12-session course of treatment proposed, in and of itself, would result in treatment in excess of the nine-session course recommended in the guidelines for diagnosis of trigger finger, the issue reportedly present here. As further noted in the guidelines, the frequency of physical therapy visits shall be gradually reduced or discontinued as an applicant gains independence in management of symptoms and with achievement of functional goals. In this case, however, the 12-session course of treatment proposed runs counter to MTUS principles and parameters. Again, while a variance from the guideline could have been made on the grounds that the applicant had had multiple trigger fingers operated upon and/or had the attending provider or applicant's attorney submitted evidence that the applicant was having persistent difficulty involving the hand and digits, no recent progress notes were provided so as to make this argument. There was no mention of the applicant's having residual stiffness or residual deficits pertaining to the hand, wrists, and digits on and around the date of the Utilization Review Report. The bulk of the information provided was quite dated and did not pertain to the request at hand. Therefore, the request is not medically necessary.