

<b>Case Number:</b>	CM14-0025378		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	07/26/2013
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 Physical Medicine and Rehabilitation 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 injured worker is a 69-year-old female who reported an injury on 07/26/2013 due to an unknown mechanism. The injured worker underwent a right thumb trigger A1 pulley release on 11/26/2013. On 02/14/2014 the injured worker complained of right thumb/finger that was a dull ache pain states the pain was mild and had symptoms. The diagnoses of the injured worker was trigger finger and in the finger. There was no medications listed for the injured worker. The injured worker had already attended 8/12 hand therapy sessions on the right thumb/finger and progressed well. There was no documented evidence on injured worker VAS scale. The treatment plan included hand therapy on the left thumb 2 times a week for 6 weeks. The authorization request was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **HAND THERAPY ON THE LEFT THUMB 2 TIMES A WEEK FOR SIX WEEKS:**

Upheld

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

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

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) guidelines recommend 9 physical therapy visits over 8 weeks for a post-surgical of the right thumb/finger and no more than 4 months of post-surgical physical medicine treatment. The documents provided stated the injured worker had already attended 8/12 hand therapy sessions on the right thumb/finger and progressed well noted on 02/14/2014. Furthermore, the request that was submitted was for hand therapy on the left thumb 2 times a week for 6 weeks, the documents that were submitted states the injured worker had a diagnoses of the right thumb/finger. The request for hand therapy on the left thumb 2 times a week for weeks is not medically necessary.