

<b>Case Number:</b>	CM14-0057362		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	10/03/2012
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	04/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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 and is licensed to practice in Georgia and Texas. 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 52-year-old female who reported an injury on 10/03/2012. The mechanism of injury was not stated. The current diagnosis is status post removal of right thumb extensor tendon stitch granuloma. The injured worker was evaluated on 03/27/2014. The injured worker reported persistent pain at the metacarpal-phalangeal joint of the right thumb. Physical examination revealed slight tenderness to palpation with limited grip strength. Treatment recommendations included an increase in the use of the right thumb with a follow-up visit in 6 weeks. It is noted that the injured worker underwent a right thumb extensor tendon stitch granuloma removal on 02/05/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-op Physical Therapy #1, 2 X 6 for Right Hand Thumb Repair.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)Physical/Occupational therapy.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 18-22.

**Decision rationale:** California MTUS Guidelines state the initial course of therapy means 1 half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. There is no documentation of a significant musculoskeletal or neurological deficit that would warrant the need for skilled physical medicine treatment. The injured worker does not present with any functional limitations following surgical removal of a stitch granuloma. The injured worker is currently working full duty and has been released without restriction from a surgical standpoint. The medical necessity for 12 sessions of physical therapy for the right thumb has not been established. As such, the request for Post-operative Physical Therapy #1, 2 X 6 for Right Hand Thumb Repair is not medically necessary.