

Case Number:	CM14-0060652		
Date Assigned:	07/09/2014	Date of Injury:	04/01/2013
Decision Date:	08/14/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/01/2014

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 patient is a 56 year old female who was injured on 04/01/2013. The mechanism of injury is unknown. She has a diagnosis of deQuervain tenosynovitis and trigger thumb. The patient underwent trigger release on 01/31/2014 and has had 12 sessions of physical therapy. A progress report dated 04/15/2014 that her pain was rated a 1/10 and a 8-9/10, occasionally when she picks up items of any weight. Active range of motion revealed MP from 0 to 60 degrees; IP from 0-60 degrees; Abduction from 0-60 degrees. She reported pain with strength testing and is unable to pick up items. Although her strength has increased, she remains inadequate for her work duties. Her grasp is unreliable and continues to drop things. She is recommended to continue therapy. A progress report dated 04/22/2014 indicates the patient complained of clicking in the right hand with associated numbness and feels it is coming from her wrist. She reported her wrist bothers her all the time and cannot hold things for a prolonged of time due to the weakness in her hand. Objective findings on exam revealed tenderness at the right thumb, A1 pulley area. There is no clicking or triggering with thumb IP motion. There is swelling present at the wrist. She also reports numbness in her thumb. Diagnoses include resolved right thumb trigger thumb, right wrist pain, and right hand carpal tunnel syndrome. She is recommended for an EMG/NCV. Prior utilization review dated 04/22/2014, states the request for 12 sessions of physical therapy is certified and has been modified to 2 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy Sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, wrist and hand, Physical/Occupational Therapy.

Decision rationale: According to MTUS Guidelines, 9 physical therapy visits over 8 weeks in a 4-month treatment period is recommended after surgery for trigger finger. In this case, the patient underwent right thumb trigger finger release on 1/31/14 and completed 12 physical therapy sessions. A 4/22/14 clinic note mentions that the right trigger thumb has resolved. As such, the request is not medically necessary.