

<b>Case Number:</b>	CM14-0066346		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	01/12/2010
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	04/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/09/2014

### 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 55-year-old female who reported the injury on 01/12/2010 caused by an unspecified mechanism. The injured worker's treatment history included medications, surgery, splints, cortisone injections, physical therapy and chiropractic treatment. The injured worker had undergone surgery on 01/10/2014 of her right ring trigger finger. The injured worker was evaluated on 06/18/2014 and it was documented that the injured worker had trigger finger. Physical examination of the right hand revealed well healed incision at the base of the ring digit, palmar aspect, and mild discomfort of the ring digit. Radial pulse is 2+, numbness continued in the 3 ulnar digits radiating superiority to the right upper extremity, continued to the lateral epicondyle of the elbow. There was aching pain that continued in the ulnar aspect of the right wrist. Medications included amlodipine besylate 10 mg, metoprolol tartrate 25 mg, Qvar 80 mcg, Norco 10/325 mg and Relafen 500 mg. In the documentation it was noted that the injured worker had undergone prior physical therapy sessions and chiropractic treatment, however outcome measurements were not submitted for this review. The request for authorization or rationale was not submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy right trigger finger Qty: 8: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 48, Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99..

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) Guidelines may support up to 10 visits of physical therapy for the treatment of unspecified myalgia and myositis to promote functional improvement. The documents submitted lacked outcome measurements of prior physical therapy sessions and home exercise regimen outcome measurements. In addition, the document submitted on 06/18/2014 indicated the injured worker medication provides relief and will continue medications. Given the above, the request for physical therapy, right trigger finger qty: 8 is not medically necessary and appropriate.