

Case Number:	CM14-0068454		
Date Assigned:	07/14/2014	Date of Injury:	06/19/2011
Decision Date:	08/13/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/08/2014

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 Surgery and Hand Surgery and is licensed to practice in 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 57-year-old female who reported an injury on 06/19/2011. The mechanism of injury was the injured worker went to open a door and a coworker pushed the door from the other side. The injured worker was noted to have triggering of the right thumb. The injured worker had a left carpal tunnel release, De Quervain's tenovagotomy with tenosynovectomy and long finger trigger release on 02/02/2012 and underwent a right carpal tunnel release on 03/28/2013. Prior treatments included exercise and splinting. The injured worker was noted to have thumb injections on 03/11/2014 and 03/25/2014 with temporary relief. The injured worker underwent a right trigger thumb release on 06/19/2014. The request was for 9 sessions of postoperative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nine sessions of post operative physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Postsurgical Treatment Guidelines.

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

Decision rationale: The California MTUS Postsurgical Treatment Guidelines recommend 9 visits for postsurgical treatment. The initial number of visits is half of the recommended visits. This request would be supported for 4 visits. However, the request as submitted failed to indicate the body part to be treated. The request for 9 visits would be considered excessive. Given the above, the request for 9 sessions of post-operative physical therapy is not medically necessary.