

<b>Case Number:</b>	CM14-0072427		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	08/09/2006
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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:

This is a patient with a date of injury of 8/9/06. A utilization review determination dated 5/2/14 recommends not medically necessary of PT. The patient underwent right CTR on 10/1/13. A 4/18/14 medical report identifies a request for authorization of EMG and right trigger thumb release. Chief complaint of the right upper extremity is noted to be right trigger thumb. On exam, thumb locks and catches with flexion and the A 1 pulley of the thumb is painful with palpation. 3/7/14 medical report notes that right wrist ROM deferred due to recent surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post Op Physical Therapy 3 X 4 for right wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines x 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 98-99 of 127 Physical Medicine Page(s): 98-99 OF 127.

**Decision rationale:** Regarding the request for Post Op Physical Therapy 3 X 4 for right wrist, the California MTUS supports up to 8 sessions after carpal tunnel release and 9 sessions after trigger finger release, with half that amount recommended initially. The postsurgical physical

medicine treatment period is 3 months and 4 months respectively. Within the documentation available for review, there is mention of a recent surgery, but the specific procedure and date are not clearly documented, and there is no documentation of a pending authorized surgical procedure. Furthermore, the requested amount of therapy exceeds the recommendations of the California MTUS for both of the cited conditions affecting the patient's right hand/wrist and, unfortunately, there is no provision for modification of the current request. In the absence of clarity regarding the above issues, the currently requested Post Op Physical Therapy 3 X 4 for right wrist is not medically necessary.