

Case Number:	CM14-0204847		
Date Assigned:	12/17/2014	Date of Injury:	05/01/2013
Decision Date:	02/12/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/08/2014

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 Plastic Surgery, has a subspecialty in Hand Surgery and is licensed to practice in Oregon. 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 claimant is a 60-year-old female sales contract administrator working for the same company for the past 29 years who was evaluated on 6/25/2013 complaining of hand stiffness, pain, and locking of digits. Her date of injury was reported to be on 5/1/2013. After failing conservative therapy with two injections each to the right fourth digit and left third digit, she underwent a left third digit trigger finger release procedure. She later underwent a right fourth digit trigger finger release procedure by [REDACTED] on 9/9/2014. On a report dated 10/28/2014, the patient was complaining "that the scar in the palm of her right hand is still rather tender" and was noted objectively "a small lesion, which may be a little bit of thickening of the scar, or a piece of retained absorbable suture. On physical examination, the scar in the right palm is still somewhat tender." At this time, the patient was provided with a prescription for occupational therapy two times a week for a period of six weeks, which is the subject of this claim. She is reported to have completed 9 post op OT sessions per therapy prior to this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy, 12 sessions, 2 times per week for 6 weeks to the right finger: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Post-Surgical Therapy Trigger Finger.

Decision rationale: Per MTUS: Trigger finger (ICD9 727.03): Postsurgical treatment: 9 visits over 8 weeks. Postsurgical physical medicine treatment period: 4 months. According to the records, the patient had 9 visits of therapy following the trigger release. She had some pain in her palm, but her pain could have been managed with a home exercise program. The MTUS guidelines allow 9 therapy visits, and the patient had 9 visits. Additional therapy sessions are not warranted based on MTUS guidelines.