

<b>Case Number:</b>	CM14-0218926		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	09/08/2008
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	12/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

### 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 42-year-old male who reported an injury on 09/08/2008. The mechanism of injury was noted to be repetitive use. The injured worker was noted to undergo previous surgery for the right middle and ring finger triggering and the left ring finger triggering and the removal of a ganglion cyst to the right wrist. The medications were noted to include cyclobenzaprine, Vicodin, enalapril, amlodipine, and tramadol. The diagnostic studies included electrodiagnostic studies. The documentation indicated the injured worker was diagnosed with cubital tunnel syndrome and trigger finger. Most of the documentation was of poor fax quality and difficult to read. The injured worker underwent a nerve conduction study on 10/14/2014 which revealed mild to moderate cubital tunnel syndrome with slowing conduction velocities. There was no evidence of carpal tunnel syndrome. The documentation dated 11/26/2014 revealed the injured worker was awaiting surgical intervention for left middle finger trigger finger and elbow surgery. The injured worker was noted to have persistent locking and triggering and persistent bilateral hand pain and numbness and tingling.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated Surgical Services: Post op physical therapy 2x6 for left middle finger: Upheld**

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

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

**Decision rationale:** The California Medical Postsurgical Treatment Guidelines recommend 9 sessions of physical therapy postoperatively for trigger finger release and the initial therapy should be half the recommended number of sessions. The clinical documentation submitted for review indicated the injured worker was to undergo trigger finger surgery. However, the request for 12 sessions would be excessive. Given the above, the request for associated surgical services postop physical therapy 2x6 middle finger is not medically necessary.