

Case Number:	CM14-0056752		
Date Assigned:	07/14/2014	Date of Injury:	05/25/2010
Decision Date:	01/02/2015	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	04/28/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for hand, thumb, and wrist pain reportedly associated with an industrial injury of May 25, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated April 21, 2014, the claims administrator denied a request for 12 sessions of physical therapy to the left thumb. It was stated that the applicant had undergone trigger thumb release surgery on March 24, 2014 and that the attending provider had failed to outline how much postoperative therapy the applicant had or had not had through that point in time. The claims administrator stated that its decision was based on an RFA form dated April 8, 2014. The applicant underwent a right trigger thumb release surgery on October 28, 2013. On April 8, 2014, the applicant apparently presented for a first postoperative visit following a left trigger thumb release surgery. A well-healed surgical incision line was appreciated about the same. The applicant had a variety of superimposed issues, including left and right carpal tunnel syndrome status post left and right carpal tunnel release surgery, cervical radiculopathy, and lumbar spinal stenosis. Tramadol, Norflex, Ambien, and 12 sessions of physical therapy were endorsed while the applicant was kept off of work, on total temporary disability. There was no mention of the applicant's has had any postoperative physical therapy through this point in time. Sutures were removed on this office visit, suggesting that the applicant had not received any previous postoperative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy X12 L Thumb: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: While the approval does seemingly result in extension of treatment slightly beyond the 9-session course recommended in the MTUS Postsurgical Treatment Guidelines following trigger finger release surgery/trigger thumb release surgery, as apparently transpired here, this recommendation is, however, qualified by commentary made in MTUS 9792.24.3.c.2 to the effect that the medical necessity for postsurgical physical medicine treatment for any given applicant is contingent on applicant-specific factors such as comorbidities, prior pathology, and/or surgery involving the same body part, nature and complexity of the surgical procedure undertaken, and an applicant's essential work functions. Here, the applicant had a number of comorbidities and a number of superimposed orthopedic and neurologic issues, including lumbar spinal stenosis, active cervical radiculopathy, left and right carpal tunnel syndrome status post left and right carpal tunnel release surgery, and earlier trigger finger release surgery involving the contralateral body part. The request in question, furthermore, was in fact a first-time request for physical therapy. The applicant had not had any prior postoperative physical therapy through the date of the request April 8, 2014. MTUS 9792.24.3.c.3 qualifies its overall position on physical therapy by noting that postsurgical physical medicine treatment may be continued up to the end of the postsurgical physical medicine period in applicants in whom it is determined that additional functional improvement can be accomplished. Here, the applicant had not had any previous treatment. The applicant did have residual improvement involving the injured digit and had a number of comorbidities. Additional functional improvement was certainly possible on or around the date of the request, April 8, 2014. Therefore, the request was medically necessary.