

<b>Case Number:</b>	CM14-0072138		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	07/17/2012
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	05/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2014

### 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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

### 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 individual is a 51 year old female with a 7-17-12 date of industrial injury. She sustained injury to her right shoulder, right elbow, right wrist and right index finger. Diagnoses for this individual include: carpal tunnel syndrome; lateral epicondylitis of elbow; neck sprain/ strain; and trigger finger. Physical exam dated 3-27-14, noted individual had tenderness along the A1 pulley with the right index and middle finger. The range of motion was normal, sensation and capillary refill were also normal, triggering noted in both fingers. Individual had a right carpal tunnel release 7-21-13 and has persistent symptoms despite physical therapy, acupuncture, anti-inflammatories, and injections. Her doctor recommended a surgical release of the A1 pulley for the right index and middle finger. The individual requested a more conservative route: physical therapy. The utilization review dated 5-15-14 was non-certified for physiotherapy x4 because the individual had completed physical therapy sessions following her carpal tunnel release surgery, which was 9 months prior to the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physiotherapy times four visits:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253-280. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand, Physical/ Occupational Therapy.

**Decision rationale:** Physiotherapy and physical therapy will be used interchangeably in regards to this individual. Initially after injury, exercising the joint can be helpful in cases of trigger finger. She received physiotherapy following the initial injury of the sprain/strain of the finger in 2012. The number of visits and success of therapy were not discussed. It was noted in her medical records that the individual completed at least 12 sessions of physiotherapy following her carpal tunnel release and 6 sessions of chiropractic manipulation at that time as well. It was not noted if the physical therapist did any manipulation of her trigger finger during those visits. During a visit on 3-27-14 the individual's physician recommended surgical correction of the trigger finger. The individual stated that she has failed to get relief from steroid injections and therapy including bracing in the past. She wanted to treat conservatively versus surgery. However, the occupational medical guidelines do not include physical therapy for this particular diagnosis. The standard treatment after a failure of 2 steroid injections is surgery. ODG only recommends physical therapy following surgical correction of the trigger finger, 9 visits over 8 weeks post operative. The physician did not provide adequate rationale as to why the four sessions of physiotherapy/ physical therapy were needed so it is deemed not medically necessary.