

Case Number:	CM15-0102736		
Date Assigned:	06/05/2015	Date of Injury:	05/02/2011
Decision Date:	07/07/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	05/28/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 57 year old female, who sustained an industrial injury on May 2, 2011. The mechanism of injury was not provided. The injured worker has been treated for right elbow and bilateral wrist and hand complaints. The diagnoses have included right long finger trigger finger, bilateral tenosynovitis of the hands and wrists and bilateral carpal tunnel syndrome. Treatment to date has included medications, electrodiagnostic studies, physical therapy, injections, occupational therapy, right elbow surgery, right long finger trigger release surgery and bilateral carpal tunnel release surgery. Current documentation dated May 13, 2015 notes that the injured worker was twelve weeks post right long finger trigger release. The injured worker reported an increase in symptoms of the right hand. She also noted left thumb pain. Examination of the right hand revealed tenderness over the flexor tendon and no signs of infection. The treating physician's plan of care included a request for additional post-operative hand therapy for the right long finger/hand and bilateral wrists #12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative hand therapy 2 times a week for 6 weeks for the right long finger/hand and bilateral wrists: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist, and hand section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, postoperative hand therapy two times per week times six weeks to the right long finger/hand and bilateral wrists is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnosis is right trigger finger. The date of injury is May 2, 2011. The injured worker underwent right long finger trigger release on February 18, 2015. The documentation in the medical record states the injured worker did not receive physical therapy while awaiting authorization. A progress note dated April 15, 2015 indicates the injured worker received nine physical therapy sessions out of nine authorized physical therapy sessions. The guidelines recommend (postsurgical treatment) nine visits over eight weeks for trigger finger release surgery. The injured worker receives the full complement of physical therapy for the aforementioned surgery. There are no compelling clinical facts indicating additional physical therapy (over and above the recommended guidelines) is clinically indicated. Consequently, absent compelling clinical documentation with objective functional improvement and compelling clinical facts indicating additional physical therapy is warranted, postoperative hand therapy two times per week times six weeks to the right long finger/hand and bilateral wrists is not medically necessary.