

<b>Case Number:</b>	CM15-0102968		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	07/17/2014
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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

Certification(s)/Specialty: Orthopedic Surgery, Hand 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 59 year old female, who sustained an industrial injury on July 17, 2014. She reported an injury to her right third digit. Treatment to date has included therapy, steroid injections, splinting and NSAIDS. Currently, the injured worker complains of right third digit pain. She reports that she is unable to make a fist and describes her pain as moderate to severe in intensity. The symptoms are aggravated by use of her fingers and relieved with rest and NSAIDS. On physical examination she has positive tenderness of the A1 pulley of the right 3rd digit, a palpable nodule and palpable triggering. The diagnoses associated with the request include trigger finger. The treatment plan includes right 3rd finger release, pre-operate labs, electrocardiogram and clearance and twelve visits of post-operative physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 post-operative visits:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The CA MTUS supports up to 9 therapy sessions over 8 weeks following trigger finger surgery with an initial course of therapy being one half that number and additional therapy up to the maximal amount there is documented functional improvement with initial treatment. The requested 12 therapy sessions exceeds guidelines and is not supported. Therefore, this request is not medically necessary.