

Case Number:	CM15-0019814		
Date Assigned:	02/09/2015	Date of Injury:	01/17/2012
Decision Date:	04/03/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/02/2015

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: Physical Medicine & Rehabilitation

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 reported an injury on 01/17/2012. The mechanism of injury was cumulative trauma. She is diagnosed with bilateral carpal tunnel syndrome and bilateral middle finger stenosing tenosynovitis. Her past treatments were noted to have included splinting, medication, physical therapy, work restrictions and surgeries. She underwent a right carpal tunnel release and right middle finger trigger release on 03/18/2014 and a left carpal tunnel release and left middle finger trigger release on 08/11/2014. Subsequently, she underwent 12 postoperative physical therapy visits and has had 10 recent physical therapy visits. At her follow-up appointment on 12/10/2014, it was noted that she was attending physical therapy for the bilateral hands 1 to 2 times per week. Her physical examination revealed that she was unable to make a complete fist bilaterally. It was also noted that there was a left middle digit PIP joint flexion contracture of 10 degrees and right middle finger PIP joint contracture of 5 degrees. Her motor strength was noted to be 5/5 throughout the bilateral upper extremities and her grip strength was weak bilaterally. At her follow-up visit on 01/15/2015, it was noted that she had completed her recommended physical therapy and she continued to be unable to make a complete fist bilaterally. Additionally, her grip strength was still noted to be weak bilaterally and the degree of contractures in her bilateral middle digit PIP joints flexion was unchanged. A request was received for physical therapy for the hand 2 times a week for 3 weeks; however, a rationale for this request was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the hand, 2 times a week for 3 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99, Postsurgical Treatment Guidelines.

Decision rationale: According to the California MTUS Guidelines, the postoperative physical medicine treatment period following surgery for trigger finger is 4 months and following carpal tunnel release is 3 months. The injured worker has exceeded this treatment period. The California MTUS Guidelines also recommend up to 10 visits of physical therapy for chronic pain to promote functional gains and provide instruction in a home exercise program. The clinical information submitted for review indicates that the injured worker has completed 10 physical therapy visits recently. However, review of physical examination findings fails to show evidence of significant functional improvements in the bilateral hands with this treatment. Therefore, additional physical therapy visits are not warranted. In addition, the request fails to indicate whether the right, left, or both hands are being recommended for treatment at this time. For these reasons, the request is not medically necessary.