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| Case Number: | CM15-0132606 | | |
| Date Assigned: | 07/20/2015 | Date of Injury: | 10/31/2014 |
| Decision Date: | 08/27/2015 | UR Denial Date: | 06/16/2015 |
| Priority: | Standard | Application Received: | 07/09/2015 |

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: Maryland, Virginia, North Carolina
 Certification(s)/Specialty: Plastic Surgery

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 10/31/14. She reported right hand pain. Current diagnoses include right trigger thumb release. Diagnostic testing and treatment to date has included radiographic imaging, surgery, and physical therapy. Currently, the injured worker reports making progress with physical therapy. Post-operative physical examination note reports she has limited range of motion right thumb with no triggering. Requested treatments include continued post-operative physical therapy (PT), 3 times a week for 3 weeks, 9 sessions for right hand. The injured worker is under full work duties. Date of Utilization Review: 06/16/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Post-Operative Physical Therapy (PT), 3 times wklys for 3 wks, 9 sessions for Right Hand: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 12 22.

Decision rationale: The patient is a 59 year old female who had undergone right thumb trigger finger release on 4/10/15. Postoperatively, she had attended 9 physical therapy visits. On examination dated 6/4/15 she is noted that she is doing better with respect to her right thumb. She has some mild pain over the dorsal thumb and restrictive range of motion, as she cannot make a full fist. Medications are continued and a request for further physical therapy was made. She was placed on unrestricted activity. Post-surgical guidelines for physical therapy are noted: Trigger finger (ICD9 727.03): Postsurgical treatment: 9 visits over 8 weeks. Postsurgical physical medicine treatment period: 4 months. Although the patient is still within her overall treatment period of 4 months, she has completed the allowed number of visits. Based on the medical documentation provided, there is insufficient documentation to warrant further formal physical therapy. The specific functional gains from her physical therapy has not been clearly detailed. In addition, it is unclear if she has been instructed on a home exercise program, which is an integral component of the postoperative recovery, as documented from page 12, 'Patient education regarding postsurgical precautions, home exercises, and self management of symptoms should be ongoing components of treatment starting with the first visit. Intervention should include a home exercise program to supplement therapy visits.' Therefore, further formal physical therapy should not be considered medically necessary.