

<b>Case Number:</b>	CM15-0133553		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	05/11/2009
<b>Decision Date:</b>	08/27/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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: Minnesota, Florida  
 Certification(s)/Specialty: Orthopedic 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 51-year-old female who sustained an industrial injury on 5/11/2009 resulting in right hand pain. She was diagnosed with stenosing tenosynovitis of the right thumb. Treatment has included corticosteroid injections, ice, and medication with temporary relief noted. The injured worker continues to report right hand thumb pain. The treating physician's plan of care includes 12 sessions of hand therapy. She is presently not working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-op hand therapy x 12:** Upheld

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

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

**Decision rationale:** CA MTUS Postsurgical treatment guidelines recommend 9 visits over 8 weeks for a trigger finger release. The initial course of therapy is one half of these visits. Then with documentation of continuing functional improvement a subsequent course of therapy of the remaining half may be prescribed. The request as stated is for 12 visits which exceeds the

guideline recommendations and as such, the medical necessity of the request has not been substantiated.