

Case Number:	CM15-0143974		
Date Assigned:	08/04/2015	Date of Injury:	01/28/2010
Decision Date:	08/31/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	07/24/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 66-year-old female, who sustained an industrial injury on 1-26-10. The injured worker was diagnosed as being status post right middle trigger finger release and status post right cubital and carpal tunnel releases. Treatment to date has included occupational therapy, a home exercise program, and cold application. Currently, the injured worker complains of right wrist and hand pain. The treating physician requested authorization for continued occupational therapy for the right middle finger.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Occupational Therapy (Right Middle Finger): 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: The claimant sustained a work injury in January 2010 and underwent a right third finger trigger release in May 2015 with 9 postoperative therapy treatments. When seen, she had full range of motion and there was no triggering. Recommendations included a continued home exercise program. After surgery for a trigger finger, up to 9 therapy treatments over

8 weeks can be recommended. In this case, the claimant has already completed an appropriate course of therapy. The claimant's surgery was uncomplicated and she is doing well without apparent residual impairment. Providing skilled therapy services in excess of that recommended would not reflect a fading of treatment frequency and could promote dependence on therapy provided treatments. It was not medically necessary.