

Case Number:	CM15-0146365		
Date Assigned:	08/07/2015	Date of Injury:	01/27/2011
Decision Date:	09/10/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/28/2015

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: 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 54 year old female who sustained a work related injury January 27, 2011. Past history included bilateral wrist carpal tunnel release, left shoulder surgery June 15, 2012, status post right long trigger release with flexor tenosynovectomy May 2015, and GERD (gastroesophageal reflux disease). The most recent primary treating physician's progress report dated May 12, 2015, finds the injured worker one week status post surgery for right long trigger finger release. Her dressings were removed and found a well healed wound, sutures removed, with no evidence of infection. There is slight swelling and stiffness. Diagnosis is documented as status post right long trigger finger release-flexor tenosynovectomy. Treatment plan included instruction in range of motion exercises and scar massage and medication dispensed. At issue, is the request for authorization for post-operative occupational therapy to upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative occupational therapy to upper extremities, 2 times a week for 6 weeks, outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical therapy, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm Wrist and Hand Chapter, under Physical/Occupational therapy.

Decision rationale: The patient presents on 05/12/15 for follow-up visit regarding recent trigger release surgery. The patient's date of injury is 01/27/11. Patient is status post right long trigger release with flexor tenosynovectomy in May 2015. The request is for Post-Operative Occupational Therapy to upper extremities, 2 times a week for 6 weeks. The RFA was not provided. Physical examination dated 05/12/15 reveals a well healing surgical incision on the right upper extremity with diffuse swelling and stiffness of the affected extremity. The patient is currently prescribed Voltaren, Prilosec, and Menthoderm gel. Diagnostic imaging was not included. Patient's current work status is not provided. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine". MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." ODG Forearm Wrist and Hand Chapter, under Physical/Occupational therapy have the following: "Recommended. Positive (limited evidence). See also specific physical therapy modalities by name. Also used after surgery and amputation... Trigger finger (ICD9 727.03):Post-surgical treatment: 9 visits over 8 weeks." In regard to the request for 12 post-operative physical therapy sessions for this patient's upper extremity complaint, the treater has exceeded guideline recommendations. Documentation provided does not include evidence of any physical therapy completed to date. Official disability guidelines allow for a maximum of 9 physical therapy sessions for patients recovering from trigger release surgery, the 12 requested exceeds these recommendations. Were the request for 9 sessions, the recommendation would be for approval, however the request as written exceeds guideline recommendations for this condition and cannot be substantiated. Therefore, the request is not medically necessary.