

Case Number:	CM15-0162177		
Date Assigned:	08/28/2015	Date of Injury:	05/11/2013
Decision Date:	10/05/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	08/18/2015

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: Orthopedic Surgery, Hand Surgery, Sports Medicine

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 an industrial injury on 5-11-13. A 4-22-15 history and physical note indicates she has multiple trigger fingers of the right hand for several months which have been worsening with associated locking in 2 of the fingers. An operative report dated 4-22-15 lists the procedures performed as release of the right thumb trigger finger, release of the right middle trigger finger, and release of the right ring trigger finger. Diagnoses are right thumb trigger finger, bilateral ring trigger finger with locking, and left knee patellar femoral arthritis -medial meniscus tear. In a progress report dated 6-23-15, the primary treating physician notes full range of motion of the fingers without locking. There is marked tenderness of both scars. She has a wart on the right index finger. It is noted she is very depressed. The symptoms are noted to be about the same as pre-operatively regarding the right hand. In a progress report dated 6-2-15, the primary treating physician notes surgery has not improved the condition and the plan is to go for therapy. Triggering is noted. Work status is to remain off work until 8-1-15. The treatment plan notes hand therapy x12, Compound-W on right index finger, needs care for depression, and Lunesta each bedtime as needed. The requested treatment is hand therapy for the right hand, 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand therapy for the right hand, 12 sessions: 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: This is a request for an additional 12 therapy sessions for an individual treated for multiple trigger digits. Records reviewed note surgery was performed on April 22, 2015 for release of the right thumb, long finger and ring finger flexor tendon sheaths for triggering. 12 therapy sessions were authorized following surgery. Subsequent records indicate failure of treatment with a June 2, 2015 report noting "surgery has not improved the condition," a June 23, 2015 report noting "symptoms about the same as pre-op," and a July 21, 2015 report noting "symptoms unchanged" and that the individual is not working. The California MTUS supports up to 9 therapy sessions over 8 weeks in a 4 month post surgical physical medicine treatment period following trigger finger surgery. The injured worker has already performed greater than recommended therapy without functional improvement and additional therapy is unlikely to be beneficial. The request is not medically necessary.