

<b>Case Number:</b>	CM15-0163396		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	04/16/2012
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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 56-year-old female, who sustained an industrial injury on 4-16-12. She reported pain to bilateral shoulders, bilateral hands, bilateral wrists, and neck. The injured worker was diagnosed as having cervical sprain, status post left shoulder surgery with residual weakness, right shoulder impingement, right lateral epicondylitis, and carpal tunnel bilaterally. Treatment to date has included physical therapy, chiropractic treatment, acupuncture, home exercise, and medication. Currently, the injured worker complains of pain and triggering of the right middle finger. The treating physician requested authorization for post-operative physical therapy 2x4 and a continuous cold therapy unit purchase. The treatment plan included right middle finger trigger release with possible tenosynovectomy or tenolysis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative physical therapy 2x4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 21-22.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10 and 22.

**Decision rationale:** The patient is a 56 year old female who was certified for right long finger trigger finger release. A request was made for 8 postoperative visits. As the trigger finger release was considered medically necessary, postoperative physical therapy should be considered medically necessary based on the following guidelines: From page 22: Trigger finger (ICD9 727. 03): Postsurgical treatment: 9 visits over 8 weeks. Postsurgical physical medicine treatment period: 4 months. From page 10, "Initial course of therapy" means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in subdivision (d) (1) of this section. Therefore, based on these guidelines, 8 visits would exceed the initial course of therapy guidelines and is not medically necessary. Up to 4-5 visits would be consistent with these guidelines.

**Associated surgical service: Continuous Cold Therapy unit purchase:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Continuous-flow cryotherapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Continuous cold cryotherapy.

**Decision rationale:** The patient was certified for trigger finger release and had requested purchase of a continuous cold therapy unit. From ODG: "Continuous-flow cryotherapy: Recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries (e.g., muscle strains and contusions) has not been fully evaluated." Therefore, a unit purchase would not be consistent with these guidelines, whereas a 7-day rental would be. Purchase of a continuous cold therapy unit is not medically necessary.