

Case Number:	CM15-0164859		
Date Assigned:	09/02/2015	Date of Injury:	12/13/2011
Decision Date:	10/05/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	08/21/2015

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 49 year old female who sustained an industrial injury on 12-13-11. Initial complaints and diagnoses are not available. Treatments to date include injections, medications, physical therapy, left trigger thumb release, and right carpal tunnel release, right trigger thumb release, and right deQuervain's release. Diagnostic studies are not addressed. Current complaints include left shoulder pain, right hand numbness and weakness. Current diagnoses include status post left trigger thumb release, right carpal tunnel release, trigger thumb release, and de Quervain's release. In a progress note dated 07-17-15 the treating provider reports the plan of care as an injection into the left shoulder on the date of service, left shoulder surgery, and physical therapy to the right thumb. The requested treatment includes physical therapy to the right thumb.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks for the left trigger thumb: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16, 19-21.

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

Decision rationale: The claimant sustained a work-related injury in December 2011 and underwent a left trigger thumb release on 06/23/15. When seen, she was having left shoulder pain and right hand numbness and weakness. There was decreased left shoulder range of motion with positive impingement testing. There was left thumb numbness with a healing surgical incision and no triggering. Recommendations included starting therapy after her recent surgery. Post-operative physical therapy was requested. After the surgery performed, guidelines recommend up to 9 visits over 8 weeks with a physical medicine treatment period of 4 months. Guidelines recommend an initial course of therapy of one half of this number of visits and a subsequent course of therapy can be prescribed and continued up to the end of the postsurgical physical medicine period. In this case, the requested number of initial post-operative therapy visits is in excess of accepted guidelines and is not medically necessary.