

Case Number:	CM15-0165004		
Date Assigned:	09/02/2015	Date of Injury:	05/16/2002
Decision Date:	10/05/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/22/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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:

This 61 year old male sustained an industrial injury to the neck and bilateral hands on 5-16-02. Previous treatment included three cervical fusions (2004, 2010 and 2012), three right hand surgeries with joint replacement of the right index finger and thumb knuckle, injections and medications. In a PR-2 dated 6-9-15, the injured worker complained of a three month history of recurrence of right hand pain with pain upon grasping, gripping and buttoning of clothes. Physical exam was remarkable for right long and ring finger swelling, tenderness to palpation to the right thumb, long finger and ring finger with triggering of the right long and small fingers and decreased range of motion. The physician noted that previous x-rays showed left carpometacarpal joint osteoarthritis. Current diagnoses included right long, ring and small finger trigger and left thumb carpometacarpal joint osteoarthritis. The treatment plan included surgical intervention with right long, ring and small finger trigger release and tenosynovectomy and associated surgical services including postoperative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op physical / occupational therapy 2x6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Wrist and Hand-therapy.

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 section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, postoperative physical therapy/occupational therapy two times per week times six weeks is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical committee therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are right long, ring and small finger trigger finger release; and left thumb CMC joint osteoarthritis. Date of injury is May 16, 2002. According to a June 19, 2015 progress note, the treating provider is requesting right long, ring and small finger trigger release and tenosynovectomy. The treatment plan does not contain a physical therapy/occupational therapy request. The treating provider requested 12 sessions of physical therapy. The guidelines recommend 9 sessions over eight weeks for trigger finger surgery. The treating provider's request exceeded the recommended guidelines. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, and a request for an excessive number of physical therapy/occupational therapy sessions (#12), postoperative physical therapy/occupational therapy two times per week times six weeks is not medically necessary.