

Case Number:	CM15-0182778		
Date Assigned:	09/23/2015	Date of Injury:	03/15/2013
Decision Date:	11/06/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/17/2015

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 30 year old female, who sustained an industrial injury on 3-15-13. The injured worker is undergoing treatment for right thumb trigger finger release. Medical records dated 8-18-15 indicate the injured worker complains of weakness and clicking over the interphalangeal (IP) joint of the thumb. She has finished her post-op trigger finger release therapy. Physical exam dated 8-18-15 notes minimal tenderness to palpation and some crepitus over the interphalangeal (IP) joint. Treatment to date has included bilateral carpal tunnel release (10-8-14), bilateral cubital tunnel release (10-8-14), right thumb trigger finger release (6-11-15), physical therapy and medication. The original utilization review dated 8-26-15 indicates the request for 8 sessions of physical therapy-work hardening-conditioning program for the right hand is non-certified noting treating provider needs to clarify exactly what service he is requesting. Either physical therapy, work conditioning or work hardening.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of Physical Therapy/work hardening/conditioning program for the Right Hand:
Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Work conditioning, work hardening. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm Wrist and Hand Chapter, under Physical/Occupational therapy.

Decision rationale: The current request is for 8 sessions of physical therapy/work hardening/conditioning program for the right hand. The RFA is dated 08/19/15. Treatment to date has included bilateral carpal tunnel release (10-8-14), bilateral cubital tunnel release (10-8-14), right thumb trigger finger release (6-11-15), physical therapy and medications. ODG, Forearm Wrist and Hand Chapter, under Physical/Occupational therapy has 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. MTUS Guidelines, Work Conditioning/Work Hardening section, page 125 has the following: " Criteria for admission to a Work Hardening Program: ...(5) A defined return to work goal agreed to by the employer & employee: (a) A documented specific job to return to with job demands that exceed abilities, OR (b) Documented on-the-job training..." Per report 08/18/15, the patient is status post 2 months trigger thumb release and has finished her post op therapy. Physical examination revealed notes minimal tenderness to palpation and some crepitus over the interphalangeal (IP) joint. The RFA dated 08/19/15 requests "8 sessions of physical therapy/work hardening/conditioning program to work on strength and endurance to return her to her normal work activities." The patient has completed 8 post-operative therapy sessions and there is no discussion of new injury, new exam findings or new diagnosis to warrant additional therapy that would exceed what is recommended by MTUS. In regard to the work hardening/conditioning, there is no defined return to work goal as agreed upon by the employer/employee. There is no evidence that the requested work hardening/conditioning includes on-the-job training, either. Without documentation of an employer/employee agreement, or a specific discussion regarding return to a job that exceeds this patient's abilities, the requested work hardening/conditioning cannot be supported. Therefore, the request IS NOT medically necessary.