

Case Number:	CM15-0194272		
Date Assigned:	10/08/2015	Date of Injury:	03/31/2011
Decision Date:	11/19/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/02/2015

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 59 year old female, who sustained an industrial injury on 03-31-2011. The injured worker is currently not working and permanent and stationary. Medical records indicated that the injured worker is undergoing treatment for left lateral epicondylitis, left trigger finger, left carpal tunnel syndrome, and left cubital tunnel syndrome. Treatment and diagnostics to date has included trigger finger release surgery (2015), carpal tunnel injections, carpal tunnel release surgery, physical therapy, home exercise program, and medications. Current medications include Flector patches. After review of progress notes dated 07-31-2015 and 08-28-2015, the injured worker reported "a lot of neck pain" and finger stiffness. Objective findings included full range of motion of left long finger with mild tenderness, but "no locking". The treating physician noted that the injured worker is now "4 months post left long trigger finger release" and "the finger is still stiff but improving in therapy." No physical therapy reports noted in received records. The request for authorization dated 08-03-2015 requested continued physical therapy treatment program 2x weekly for 4 weeks. The Utilization Review with a decision date of 09-30-2015 denied the request for physical therapy two times a week for three weeks to left hand, Quantity: 6.

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 3 weeks for the left hand: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine, and Postsurgical Treatment 2009, Section(s): Forearm, Wrist, & Hand.

Decision rationale: Based on the 8/28/15 progress report provided by the treating physician, this patient presents with continued neck pain and left finger stiffness. The treater has asked for Physical therapy 2 times a week for 3 weeks for the left hand but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient is 4 months s/p left long trigger finger release per 8/28/15 report. The patient is currently attending physical therapy and doing a home exercise program which is going well per 8/28/15 report. Per 7/31/15 report, the patient does not have numbness/tingling of the fingers, with full range of motion of the finger, no locking, and mild weakness in grip. The patient is currently on modified duty with no lifting over 10 pounds per 8/28/15 report. MTUS, Postsurgical Treatment Guidelines, Forearm, Wrist, & Hand (MTUS post-surgical pg 18-20) states: Trigger finger (ICD9 727.03): Postsurgical treatment: 9 visits over 8 weeks, Postsurgical physical medicine treatment period: 4 months. MTUS Guidelines, Physical Medicine section, pages 98 and 99 states: Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS guidelines pages 98, 99 states that for Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. The patient is s/p left long trigger finger release from 4/29/15. The utilization review letter dated 9/30/15 does not provide a rationale for the denial. In this case, the patient has been in therapy since 7/31/15 report, and is currently in therapy per requesting 8/28/15 report. Request for authorization dated 6/1/15 asks for 9 sessions of postoperative physical therapy. The 7/31/15 report requests 8 additional physical therapy visits. The patient has been in therapy for at least a month (from 7/31/15 to 8/28/15), and it appears the patient has been authorized for at least one course of postoperative physical therapy. However, MTUS allows for up to 9 sessions over 8 weeks for trigger finger release, and up to 10 sessions in non-operative cases. The treater's current request for an additional 6 sessions exceeds guideline recommendations. Hence, the request IS NOT medically necessary.