

<b>Case Number:</b>	CM15-0201501		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	10/18/2007
<b>Decision Date:</b>	12/07/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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: Orthopedic Surgery, Hand Surgery, Sports 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:

The injured worker is a 64 year old female, who sustained an industrial injury on 10-18-2007. She has reported injury to the left wrist, left thumb, and upper extremities. The diagnoses have included radial styloid tenosynovitis; acquired trigger finger; right trigger thumb release in 2010; chronic pain syndrome; and chronic depression-anxiety. Treatment to date has included medications, diagnostics, physical therapy, and surgical intervention. Medications have included Lidoderm patch, Ibuprofen, Gabapentin, Lexapro, Seroquel XR, Xanax, and Ambien. A report from the treating physician, dated 09-22-2015, documented an evaluation with the injured worker. The injured worker reported that she had surgery in 2010 for a right trigger thumb and had good results; she recently had onset of left carpal tunnel pain and now is more dependent on using the right thumb; she feels like her symptoms with pain have returned now with difficulty with full flexion at the right thumb. Objective findings included mild tenderness to palpation at the A-1 pulley; sensation is intact to light touch in a digital nerve distribution; and she does not have triggering. The provider has recommended right thumb A-1 pulley release. The treatment plan has included the request for associated surgical service: post-operative physical therapy twice a week for four weeks for the right hand-thumb. The original utilization review, dated 10-02-2015, modified the request for associated surgical service: post-operative physical therapy twice a week for four weeks for the right hand-thumb, to allow four post-operative physical therapy visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated Surgical Service: Post operative physical therapy twice a week for four weeks for the right hand/thumb:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Forearm, Wrist, & Hand.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Forearm, Wrist, & Hand.

**Decision rationale:** This is a request for 8 therapy sessions following planned trigger thumb surgery. The California MTUS support up to a maximum of 9 therapy visits over 8 weeks following trigger finger surgery with an initial course of therapy being defined as one half that number (page 10) and additional therapy up to the maximum visits being appropriate only if there is documented functional improvement with the initial course of therapy as defined on page one of the guidelines. The requested 8 sessions exceeds guidelines and is determined to be unnecessary.