

<b>Case Number:</b>	CM15-0204351		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	12/11/2001
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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: Connecticut, California, Virginia  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 46 year old female, who sustained an industrial injury on 12-11-01. She reported pain in bilateral wrists, neck, low back, and bilateral knees. The injured worker was diagnosed as having bilateral carpal tunnel syndrome status post carpal tunnel release, status post right trigger thumb release, right hand trigger index, long and ring, and status post right hand trigger finger release at the index, long and ring fingers on 3-30-15. Treatment to date has included psychotherapy, acupuncture, injections, and medication including Naprosyn and Ultram. Physical examination findings on 9-4-15 included right hand tenderness with painful mild triggering of the right middle finger. Decreased grip strength was noted. On 5-15-15 the treating physician noted "she has not started physical therapy yet." On 9-4-15, the injured worker complained of pain in bilateral hands rated as 7 of 10 on the left. The treating physician requested authorization for physical therapy 2x4 for the right hand. On 9-22-15 the request was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 x 4 weeks, Right Hand, 8 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

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

**Decision rationale:** The patient had a trigger finger release operation, which per the MTUS allows for 9 visits to physical therapy. Utilization review non certified the request for 8 visits suggesting that further evidence of prior PT sessions would be prudent to obtain prior to approval of further therapy sessions. The MTUS supports up to 9 occupational therapy visits over 8 weeks after trigger finger release. The provided documents indicate that the patient saw PT for “shoulder and hand” at least 9 times, but only two of those visits were prior to the surgery, per the dates provided. There are not detailed therapy session descriptions. Given the provided documents and the evidence-based MTUS guidelines for therapy in post operative cases of trigger finger releases, the request for therapy may be reasonable, but should likely be for a maximum of 7 visits based on the two visits already dated post operatively (April 2015) and therefore the initial request for 8 visits is not considered medically necessary without further evaluation.