

Case Number:	CM15-0207230		
Date Assigned:	10/26/2015	Date of Injury:	02/14/2012
Decision Date:	12/07/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/21/2015

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:

This is a 41-year-old female with a date of industrial injury 2-14-2012. The medical records indicated the injured worker (IW) was treated for repetitive strain injury; bilateral carpal tunnel syndrome status post release; bilateral wrist tendinitis; trigger finger, middle and ring finger; status post right hand surgery; and status post left trigger finger release (8-25-15). In the progress notes (7-31-15, 8-14-15, 8-26-15, 9-10-15), the IW reported bilateral hand and wrist pain. On examination (8-6-15, 9-10-15 notes), there was tenderness to the bilateral wrist, forearm and elbow region. There were well-healed scars on the bilateral wrists. Deep tendon reflexes were equal bilaterally. There was tenderness over the right ring finger, mostly at the base, and there was a very small lump which felt like a cyst. She was also beginning to develop triggering of the right middle finger. Treatments included Celebrex, Gabapentin, topical Ketoprofen, injections, physical therapy, hand therapy (at least 8 visits), chiropractic treatment, hand therapy, cortisone injections, bilateral carpal tunnel release and home exercise. The records did not include documentation of functional improvements gained from the previous hand therapy. The IW was temporarily totally disabled. A Request for Authorization was received for bilateral hand therapy twice a week for six weeks. The Utilization Review on 9-23-15 modified the request for bilateral hand therapy twice a week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Hand Therapy 2x6: 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: Review indicates the patient is s/p right trigger release surgery of flexor tenosynovitis on 5/26/15; and status post left trigger finger release on 8-25-15 with at least 8 PT visits. Request for additional therapy was modified for 8 sessions. PT noted reported the patient with mild swelling, slight catching with fingertip missing distal palmar crease by 1 cm. Passive stretching was recommended while the patient remained off work. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. Submitted reports have not shown clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports has no evidence of functional benefit and decreased pain complaints. There is no specific evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Post-surgical treatment guidelines for trigger release surgery allow for 9 visits over 2 months with postsurgical physical medicine treatment period. It appears the patient has completed the post-op therapy sessions with an additional 8 modified from current request beyond the recommended surgical guidelines for procedure without demonstrated functional improvement. The Bilateral Hand Therapy 2x6 is not medically necessary and appropriate.