

<b>Case Number:</b>	CM15-0025298		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	07/22/2013
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2015

### 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: Arizona, Texas  
 Certification(s)/Specialty: Internal 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 52 year old female injured worker suffered and industrial injury on 7/22/2013. The treatments were physical therapy and A1 pulley release/trigger thumb release on 12/29/2014. The treating provider reported the Utilization Review Determination on 2/5/2015 non-certified. Additional Post-Operative Physical Therapy 3 Times Weekly For 4 Weeks, Right Hand modified to #9 sessions, citing MTUS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Post-Operative Physical Therapy 3 Times Weekly For 4 Weeks, Right Hand:**  
 Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 22.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 22.

**Decision rationale:** The patient has a diagnosis of a trigger finger and underwent surgical release on 12/29/14. According to the MTUS post-surgical treatment guidelines, 9 sessions of

physical therapy over 8 weeks for a treatment period of 4 months are allowed. In this case, the documentation doesn't support that the patient has had any post-operative PT sessions. The allowed PT sessions are 9 but the request is for 12 session's total. The 12 sessions requested are not medically necessary.