

Case Number:	CM15-0029887		
Date Assigned:	02/23/2015	Date of Injury:	09/07/2010
Decision Date:	04/22/2015	UR Denial Date:	01/24/2015
Priority:	Standard	Application Received:	02/17/2015

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 32-year-old female, with a reported date of injury of 09/07/2010. The diagnoses include trigger finger and tenosynovitis of the hand/wrist. Treatments to date have included an MRI of the left wrist and medications. The medical report dated 12/29/2014 indicates that the injured worker complained of limited range of motion to the thumb, severe pain to the left thumb, left long finger and right index finger locking and popping at night, pain in the bilateral thumbs, and swelling of the hands. The physical examination of the left hand showed normal finger movements, no crepitus, no instability, left third trigger finger, decreased left wrist range of motion, and decreased left wrist muscle strength. The treating physician requested twelve physical therapy sessions for the left hand. The rationale for the request was not indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of physical therapy for the left hand: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: Per the 12/29/14 report, the patient presents with severe pain and limited range of motion to the left thumb with left long finger locking and popping. Examination reveals deformities/Mal-alignments/Discrepancies of the Trigger Finger, left and 3rd Digit, left. The current request is for 12 SESSIONS OF PHYSICAL THERAPY FOR THE LEFT HAND. The RFA is not included. The 01/24/15 utilization review mentions an RFA of 01/08/15 received 01/09/15. The patient is retired. MTUS 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. There is no evidence of recent physical therapy for the left hand. The utilization review cites 12 sessions authorized and completed 11/14/13. The treating physician recommends left thumb trapezium replacement surgery on 12/29/14; however, there is no evidence this has been authorized or that the patient is within a post-surgical treatment period. In this case, the reports provided for review do not explain why physical therapy is needed at this time or discuss objective goals for the requested therapy. Furthermore, the requested 12 sessions exceed the 8-10 sessions recommended by the MTUS guidelines. The request IS NOT medically necessary.