

<b>Case Number:</b>	CM15-0037852		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	12/23/2013
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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 61-year-old female who sustained an industrial injury on 12/23/13. She reports right hand pain that radiates to her shoulders. Diagnoses include left middle finger triggering. Treatments to date include medications and surgery. In a progress note dated 02/17/15, the treating provider recommends physical therapy. On 02/27/15, Utilization Review non-certified the physical therapy, citing MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a week for 4 weeks for the bilateral middle fingers:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 18-20.

**Decision rationale:** This patient presents with the right hand pain that radiates to the shoulders and stiffness in both middle finger. The request is for physical therapy 2 times a week for 4 weeks for the bilateral middle fingers per 02/17/15 report. Per 12/29/14 report, the treater noted that the patient is s/p left middle finger trigger release in 09/18/14. Per 01/06/15 report, the

patient is status post bilateral middle finger trigger release. According to the utilization review report dated 02/27/15, the patient had right hand surgery on 06/09/14. The patient's work status is permanent and stationery per 02/17/15 report. MTUS page 18-20 states that for "Trigger finger (ICD9 727.03): Postsurgical treatment: 9 visits over 8 weeks Postsurgical physical medicine treatment period: 4 months."According to the utilization review letter dated 02/27/15, the patient has had at least 9 physical therapy sessions for each hand after the surgery. In this case, there no rationale provided for the requested therapy. The patient appears to have had adequate therapy following trigger finger release. There is no explanation as to why the patient is unable to perform the necessary exercises at home. The request of additional 8 sessions exceeds what is allowed per MTUS. The request IS NOT medically necessary.