

Case Number:	CM15-0038785		
Date Assigned:	03/09/2015	Date of Injury:	10/30/2013
Decision Date:	04/17/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/02/2015

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: Texas, New York, California
 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 applicant is a represented 32-year-old who has filed a claim for chronic shoulder, hand, and finger pain reportedly associated with an industrial injury of October 30, 2013. In a utilization review report dated February 6, 2015, the claims administrator failed to approve a request for six sessions of physical therapy for the shoulder and hand. An RFA form received on January 13, 2015 was referenced in the determination. Non-MTUS ODG Guidelines were invoked, along with Chapter 9 ACOEM Guidelines. The applicant was status post trigger finger release surgery of the right long and ring fingers on November 19, 2014, it was suggested. The applicant's attorney subsequently appealed. In a January 22, 2015 progress note, handwritten, difficult to follow, not entirely legible, the applicant was asked to pursue additional physical therapy both for the hand and shoulder. The applicant has apparently had occasional numbness about the digits. No visible or palpable triggering was appreciated, however, following the November 19, 2014 trigger finger release surgery. Ultram, Motrin, additional physical therapy, and work restrictions were endorsed. It was not clearly stated whether the applicant was or was not working with said limitations in place. The attending provider did suggest that the applicant was improving in some of the strength and range of motion, although this was difficult to follow as the note was handwritten. The applicant was off of work, on total temporary disability, via an earlier note dated November 19, 2014. The applicant had undergone an A1 pulley release of the right long and ring fingers on November 19, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 physical therapy sessions for the left shoulder and right hand: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy Guidelines, ODG Preface.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Yes, the request for an additional six sessions of physical therapy was medically necessary, medically appropriate, and indicated here. The applicant was still within the four-month postsurgical physical medicine treatment, establishing MTUS 9792.24.3 following earlier trigger finger release surgery of November 19, 2014. The MTUS Postsurgical Treatment Guidelines do support a general course of nine sessions of postsurgical treatment in applicants who undergo a trigger finger release surgery but do note in MTUS 9792.24.3.c.2 that the medical necessity of a postsurgical physical medicine treatment is continued on a number of applicant-specific risk factors such as comorbidities, prior pathology and/or surgeries involving the same body part, nature, number, and complexity of surgical procedures undertaken, etc. Section 9792.24.3.c.3 further notes that postsurgical physical medicine can be continued up to the end of the postsurgical physical medicine period in applicants in whom it is determined that additional functional improvement can be accomplished. Here, additional functional improvement was/is possible. The applicant did undergo two surgical procedures involving two trigger fingers. Additionally, the applicant had impairment and/or pain complaints involving another body part, the shoulder. The applicant was making strides with earlier treatment as evinced by his seeming return to modified duty work and the attending provider's seeming diminution of work restrictions from visit to visit. Additional physical therapy, thus, was indicated. Therefore, the request was medically necessary.