

<b>Case Number:</b>	CM15-0041457		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	07/01/2014
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2015

### 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: New Jersey, New York

Certification(s)/Specialty: Family Practice

### 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 65-year-old female, who sustained an industrial injury on 07/01/2014. She reported an her bilateral middle fingers were in a lot of pain due to repetitive movement. The injured worker is currently diagnosed as having bilateral long trigger finger and status post left trigger release with persistent pain and swelling. Treatment to date has included left long trigger release surgery, physical therapy, and medications. In a progress note dated 01/21/2015, the injured worker presented with complaints of bilateral hand pain, long finger. The treating physician reported recommending physical therapy twice a week for four weeks for both hands due to continued pain, swelling, and stiffness postoperatively from left long trigger release. The physician feels the symptoms are due to a lack of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aggressive physical therapy, 2 times a week for 4 weeks to the bilateral hands:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Physical Medicine Guidelines Page(s): 99.

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

**Decision rationale:** The request is considered medically necessary. The patient has bilateral trigger finger and is s/p left trigger finger release. She never received any post-operative physical therapy. She complains of pain, swelling, and stiffness of bilateral hands. Therefore, it is reasonable to have physical therapy to improve motor function and pain. According to MTUS guidelines, the recommendation for trigger finger surgery is 9 sessions of physical therapy over 8 weeks. Therefore, the request is considered medically necessary.