

Case Number:	CM15-0041932		
Date Assigned:	03/12/2015	Date of Injury:	06/07/2000
Decision Date:	05/19/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/05/2015

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: Orthopedic Surgery, Hand Surgery, Sports 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 injured worker is a 67-year-old female who sustained a work related injury June 6, 2000. Past history included diabetes, hypertension, stent placement, left knee surgery 2008, lumbar disc disease, spinal stenosis, and s/p right total knee arthroplasty December, 2013. A letter dated February 23, 2015; from the treating physician documented the injured worker was seen as a follow-up regarding her left hand. She continues to have pain in the fourth digit, left hand with triggering worsening over time. Physical examination reveals a painful nodule in the left palm consistent with left ring finger triggering. Diagnosis is documented on the request for authorization, dated February 26, 2015 as trigger finger. The request is for 8 sessions of post-operative therapy after trigger finger surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative Physical Therapy (2 times a week for 4 weeks): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The CA MTUS supports up to 9 visits of postsurgical physical medicine treatment over an 8-week period following trigger finger release surgery. Therefore, the requested treatment is deemed medically necessary and appropriate at this time.