

Case Number:	CM15-0044950		
Date Assigned:	03/16/2015	Date of Injury:	04/21/2011
Decision Date:	05/01/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/09/2015

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

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 46 year old female who sustained an industrial injury on 04/21/2011. The injured worker states she developed an insidious onset of right hand and wrist pain. Treatment to date includes surgery on left long finger, bilateral wrists splints, heating pad, stretching exercises, diagnostics, physical therapy, corticosteroid injections and medications. She presents on 01/30/2015 45 days from her previous surgery (tenovagotomy left long finger). She states she continues to have stiffness and pain to the left long finger. Physical exam noted well healed scar to the palm of left hand. There was no triggering of the left long finger. Diagnosis/assessment included status post tenovagotomy of the left long finger with continued stiffness. 8 of 8 postoperative visits have been completed per the attached records. The treatment plan was to continue physical therapy to the left long finger.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op physical therapy #2 2 times a week for 3 weeks for the left long finger: Upheld

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

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

Decision rationale: Per the CA MTUS/Post Surgical Treatment Guidelines, flexor tenosynovectomy, page 20, 14 visits over a 3 month period is authorized. From the exam note of 1/30/15, there is insufficient documentation of functional improvement from the prior 8 visits to warrant further therapy. Therefore, the determination is for non-certification and the request is not medically necessary.