

Case Number:	CM15-0045187		
Date Assigned:	03/16/2015	Date of Injury:	11/04/2013
Decision Date:	09/25/2015	UR Denial Date:	02/11/2015
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: Oregon

Certification(s)/Specialty: Plastic Surgery, Hand 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 49-year-old male who sustained an industrial injury on 11-4-13. An orthopedic report dated 2-2-15 indicates that the injured worker "developed the spontaneous onset, at work, of triggering of his left long finger, and was subsequently also noted to have triggering of his right long finger". He was treated with two steroid injections which provided no relief and he, subsequently, underwent left long trigger finger release "with excellent result". His initial complaints were not noted in that report. His primary complaints on the 2-2-15 orthopedic visit were "the same symptoms involving his right long finger". The report indicates that he has received two injections which provided no relief. His right long finger was noted to be "presently locked in flexion". The treatment plan indicated that "the right hand is a mirror image of what the left hand was" and that the "etiology on the right hand is virtually identical to the etiology on the industrially-treated left hand". Surgical intervention of the right long finger was recommended due to failed conservative treatment. In addition to the request for authorization of surgery, post-operative analgesics and antibiotics, and pre-operative diagnostic studies, a request for post-operative occupational therapy was requested. The provider provided documentation that states "both hands were exposed equally industrially", recommending that the treatment of the right and would be "identical" as the left hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op Occupational Therapy QTY 12: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Forearm, Wrist & Hand.

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

Decision rationale: The surgeon plans a trigger finger release. Postoperative therapy is generally required following trigger finger release. According to the MTUS guidelines: Trigger finger (ICD9 727. 03): Postsurgical treatment: 9 visits over 8 weeks. Postsurgical physical medicine treatment period: 4 months. The MTUS guidelines allow nine therapy visits. The surgeon has requested 12 visits. The records do not provide any rationale for why additional therapy beyond the guidelines is justified. Nine therapy sessions should be sufficient for this patient to rehabilitate the trigger finger, therefore is not medically necessary.