

Case Number:	CM15-0046678		
Date Assigned:	03/18/2015	Date of Injury:	05/10/2012
Decision Date:	04/24/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	03/11/2015

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: Physical Medicine & Rehabilitation

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 56 year old female, who sustained an industrial injury on May 10, 2012. The injured worker had reported neck pain and upper extremity symptoms. The diagnoses have included cervicalgia, left medial epicondylitis, bilateral cubital tunnel syndrome and trigger finger. Treatment to date has included medications, radiological studies, electrodiagnostic studies, injections, bilateral carpal tunnel release surgery and right ring finger trigger release surgery. Current documentation dated January 15, 2015 notes that the injured worker complained of constant sharp neck pain with radiation to the bilateral upper extremities. Associated symptoms included headaches and tension between the shoulder blades. Physical examination of the cervical spine revealed paravertebral tenderness and spasms. A positive axial loading test was noted. Spurling's maneuver was also positive. Cervical range of motion was limited by pain. Examination of the upper extremities revealed radicular pain in the sternoclavicular region and numbness and tingling of the anterolateral shoulder and arm. There was also numbness and tingling noted in the lateral forearm and hand, greatest over the thumb and middle finger. Wrist and hand examination showed tenderness of the right ring finger and a full but painful range of motion. The treating physician's recommended plan of care included a request for physical therapy to the right hand and finger # 8.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x 8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 18-20. Decision based on Non-MTUS Citation Official disability guidelines Forearm, Wrist, & Hand (Acute & Chronic) Chapter, under Physical/Occupational therapy.

Decision rationale: The patient presents with intermittent pain in the right ring finger that is aggravated by repetitive motions, gripping, grasping, pushing, pulling and lifting, rated 4/10. The patient is status post right ring trigger finger release, extensive flexor tenosynovectomy, per operative report dated 12/05/14. The request is for Physical Therapy x8. The RFA provided is dated 01/28/15 and the date of injury is 05/10/12. The diagnoses have included cervicalgia, left medial epicondylitis, bilateral cubital tunnel syndrome and trigger finger. Physical examination to the Right hand on 01/15/15 revealed tenderness over the volar spect of the right ring finger. Range of motion was full but painful. The scar is well-healed, warm and dry with normal color. The patient is temporarily totally disabled. MTUS postsurgical guidelines, pages 18-20 regarding the forearm, wrist, & hand allows up to 9 sessions of Physical Therapy over 8 weeks for a trigger finger release. The post-op time frame is 4 months. ODG-TWC, Forearm, Wrist, & Hand (Acute & Chronic) Chapter, under Physical/Occupational therapy states: ODG Physical/Occupational Therapy Guidelines "Allow for fading of treatment frequency (from up to 3 visits or more per week to 1 or less), plus active self-directed home PT. Fracture of one or more phalanges of hand (fingers) (ICD9 816): Minor, 8 visits over 5 weeks. Post-surgical treatment: Complicated, 16 visits over 10 weeks". Treater has requested for 8 post-operative physical therapy sessions. The utilization review dated 02/04/15 states the patient has completed 9 post-operative therapy sessions. MTUS guidelines allow for 9 sessions of Physical Therapy over 8 weeks for a trigger finger release. The request for 8 additional sessions is excessive and not within guidelines. Therefore, the request is not medically necessary.