

<b>Case Number:</b>	CM15-0046824		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	08/31/2009
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2015

### 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: Internal 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 51 year old female, who sustained an industrial injury on 8/31/2009. The current diagnosis is stenosing tenosynovitis, right ringer finger. According to the progress report dated 2/17/2015, the injured worker complains of pain and discomfort in her right hand, specifically triggering over the right ring finger. The current medication list was not available for review. Treatment to date has included steroid injection to the right ring finger. The plan of care includes 12 post-operative occupational therapy sessions and right ring trigger finger release.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative occupational therapy 3 times a week for 4 weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses post-operative physical therapy (PT) physical medicine. The Postsurgical Treatment Guidelines indicates that for trigger finger, 9 visits of postsurgical physical therapy are recommended. Per Medical Treatment Utilization Schedule (MTUS) definitions, functional improvement means either a

clinically significant improvement in activities of daily living or a reduction in work restrictions, and a reduction in the dependency on continued medical treatment. The orthopedic report dated 2/24/15 documented that the patient had steroid injection of the right ring finger, without relief. Surgery was recommended. Utilization review determination dated 3/4/15 document the certification of right ring finger trigger finger release surgery. MTUS Postsurgical Treatment Guidelines indicates that for trigger finger, 9 visits of postsurgical physical therapy are recommended. The request for 12 visits of post-operative occupational therapy would exceed MTUS Postsurgical Treatment Guidelines, and is not supported. Therefore, the request for 12 visits of post-operative occupational therapy is not medically necessary.