

<b>Case Number:</b>	CM15-0047121		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	02/24/2012
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/13/2015
<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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 47 year old male, who sustained an industrial injury on 02/24/2012. Initial complaints and diagnoses were not provided. Treatment to date has included conservative care, medications, cortisone injections, electrodiagnostic testing of the upper extremities, physical therapy, and right elbow surgery. Currently, the injured worker complains of pain to the right shoulder and right elbow with a pain rating of 7/10. Current diagnoses include bilateral trigger finger acquired, right shoulder strain/sprain, and right lateral epicondylitis. The treatment plan consisted of medications, urine drug screening, and right lateral epicondylar release with post-operative physical therapy. The physician also ordered PT for the right hand trigger finger.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy of the left hand:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical therapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist, hand, Physical/Occupational therapy.

**Decision rationale:** The ODG states that physical therapy is recommended. Positive (limited evidence). See also specific physical therapy modalities by name. Also used after surgery and amputation. Early physical therapy, without immobilization, may be sufficient for some types of undisplaced fractures. It is unclear whether operative intervention, even for specific fracture types, will produce consistently better long-term outcomes. There was some evidence that 'immediate' physical therapy, without routine immobilization, compared with that delayed until after three weeks immobilization resulted in less pain and both faster and potentially better recovery in patients with undisplaced two-part fractures. Similarly, there was evidence that mobilization at one week instead of three weeks alleviated pain in the short term without compromising long-term outcome. Trigger finger Post-surgical treatment: 9 visits over 8 weeks. The ODG is silent on PT as a therapy for trigger finger outside of surgery. The patient has received previous PT from elbow and wrists, but results are not in the record. As such, the request for Physical therapy of the left hand is not medically necessary.