

Case Number:	CM15-0052025		
Date Assigned:	03/25/2015	Date of Injury:	04/07/2008
Decision Date:	05/01/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/19/2015

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, Hand Surgery, Sports 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 47 year old female, who sustained an industrial injury on 4/7/2008. The mechanism of injury was not noted. Diagnoses include shoulder region disorders not elsewhere classified, sprains and strains of wrist not otherwise specified, sprains and strains of neck, sprains and strains of shoulder and upper arm not otherwise specified, cervical disc disorder with myelopathy, brachial neuritis not otherwise specified, medial elbow epicondylitis, headache, cervical radiculopathy, cervical sprain/strain, hand sprain/strain, trigger finger, rotator cuff syndrome, insomnia, depression, left wrist radial styloid tenosynovitis, cervical disc displacement with radiculopathy, cervical spinal stenosis, cephalgia, anxiety. Treatment to date has included cervical spine fusion in 2013, left shoulder arthroscopic surgery in 2010, diagnostic testing, physical therapy, epidural injections, and multiple medications. Currently, the injured worker complains of continued neck pain. Current medications included Norco, Soma, Cyclobenzaprine, and topical compound pain cream. Authorization was provided to proceed with left thumb trigger finger release surgery. The treatment plan included the requested 12 sessions of post-operative physical therapy for the left thumb.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative Physical Therapy, Left Finger, 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The California MTUS would support up to 9 visits of postsurgical therapy over an 8 week during a 4 month postsurgical physical medicine treatment period following trigger finger surgery as noted on page 22. The reviewed records do not describe extraordinary circumstances to justify treatment outside of the MTUS guidelines. Therefore, the requested 12 post-operative therapy sessions are determined to be not medically necessary and appropriate.