

Case Number:	CM15-0052154		
Date Assigned:	03/25/2015	Date of Injury:	09/19/2006
Decision Date:	05/05/2015	UR Denial Date:	03/18/2015
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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic 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 56-year-old male who sustained an industrial injury on 9/19/06, due to cumulative trauma. He underwent bilateral carpal tunnel releases in 2006, and right 1st digit A1 pulley excision, and trigger finger releases of the thumb, 2nd and 3rd digits in 2009. The 3/3/15 treating physician report cited a 6-month progressive history of locking and triggering of the left 4th digit. Physical exam documented tenderness over the A1 pulley with palpable nodule and active locking and triggering. The injured worker was a diabetic with blood sugars consistently in the 200s and was not a candidate for corticosteroid injection. He had a history of renal insufficiency so oral anti-inflammatories were not indicated. An outpatient A1 pulley excision was recommended. Post-operative therapy was requested for 12 visits. The 3/18/15 utilization review certified a request for left 4th digit pulley excision. The associated request for 12 post-op physical therapy sessions for his left hand was modified to 9 visits consistent with MTUS Post-Surgical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Op Hand Therapy 12 Visits Left Hand: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The California Post-Surgical Treatment Guidelines for surgical treatment of trigger finger suggest a general course of 9 post-operative visits over 8 weeks during the 4-month post-surgical treatment period. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. The 3/18/15 utilization review recommended partial certification of 9 post-operative physical therapy visits consistent with guidelines. There is no compelling reason submitted to support the medical necessity of additional care prior to completion of the general recommended course of treatment. Therefore, this request is not medically necessary.