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| <b>Case Number:</b>   | CM15-0057124 |                              |            |
| <b>Date Assigned:</b> | 04/02/2015   | <b>Date of Injury:</b>       | 09/02/2004 |
| <b>Decision Date:</b> | 05/01/2015   | <b>UR Denial Date:</b>       | 03/23/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/25/2015 |

### 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, Indiana, New York  
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 58-year-old female, who sustained an industrial injury on September 2, 2004. She reported bilateral wrist and hand pain. The injured worker was diagnosed as having status post carpal tunnel release and trigger finger release of the bilateral wrists and hands and aftercare of musculoskeletal system surgical intervention. Treatment to date has included radiographic imaging, diagnostic studies, surgical interventions of the right and left hands, physical therapy, medications and activity modifications. Currently, the injured worker complains of a painful lump at the base of the right middle finger. The injured worker reported an industrial injury in 2004, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on March 31, 2015, revealed worsening right hand pain. She was noted as upset secondary to the physical therapy ending. She reported improvement of the right hand pain with physical therapy. Additional physical therapy was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued physical therapy (bilateral trigger finger/hand/wrist): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, and Hand Section, Physical Therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, continued physical therapy (bilateral trigger finger, hand, wrist) is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are bilateral trigger finger; aftercare, surgery of musculoskeletal system; and bilateral carpal tunnel syndrome. The documentation shows the injured worker underwent right middle finger trigger release finger on December 19, 2014. The injured worker had ongoing complaints of right middle finger pain and stiffness. Range of motion was normal. The guidelines recommend nine sessions of physical therapy for a trigger finger release procedure. The guidelines recommend a six visit clinical trial to determine whether the injured worker is moving in a positive direction, no direction or negative direction prior to continuing with physical therapy. The injured worker completed six sessions of postoperative physical therapy. There was no documentation of demonstrated objective functional improvement. A subsequent progress note dated March 31, 2015 shows the injured worker feels worse. It is unclear from the documentation when the first six visits were completed. The injured worker stated she was "upset indicating that therapy was helping." Objectively, the right wrist showed normal range of motion, no tenderness, no swelling. The left wrist showed normal range of motion, no tenderness no swelling. The right-hand show tenderness at the base of the middle finger with normal range of motion, no bony tenderness and no swelling with normal strength and sensation. Consequently, absent compelling clinical documentation with objective functional improvement (referencing prior physical therapy), continued physical therapy (bilateral trigger finger, hand, wrist) is not medically necessary.