

Case Number:	CM15-0087360		
Date Assigned:	05/11/2015	Date of Injury:	10/16/2012
Decision Date:	06/10/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	05/06/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 60 year old female with an October 16, 2012 date of injury. A progress note dated March 16, 2015 documents subjective findings (right shoulder pain that has improved; right long finger pain with limited flexion and triggering; right carpal tunnel pain), objective findings (holding the right log finger in a position of slight flexion; slight extension lag at the PIP joint of the right long finger; lacks the final one centimeter of approximation of the tip of the right third finger to the mid palmar crease; tenderness at the operative wound at the volar right carpal tunnel region), and current diagnoses (carpal tunnel syndrome; other specified disorders of bursae and tendons in shoulder region; trigger finger; lesion of ulnar nerve). Treatments to date have included right long trigger finger release, H wave unit, physical therapy (making some improvements), and medications. The treating physician documented a plan of care that included continued physical therapy for the right wrist and hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 physical therapy 2 times a week for 3 weeks for the right wrist/hand, as an outpatient:
 Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - Hand and finger guidelines - pg 27.

Decision rationale: According to the guidelines, therapy for trigger finger is recommended for 9 visits over 8 weeks. In this case, the claimant had an unknown amount of therapy previously. It has been several months since the surgery. There is no indication that additional therapy cannot be performed at home. The request for an additional 6 sessions of therapy is not medically necessary.