

Case Number:	CM15-0087886		
Date Assigned:	05/12/2015	Date of Injury:	11/21/2012
Decision Date:	06/24/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/07/2015

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: 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 51-year-old female, who sustained an industrial injury on 11/21/2012. The mechanism of injury was not noted. The injured worker was diagnosed as having right long finger flexor tenosynovitis/trigger finger, status post tenosynovectomy 4/06/2015. Treatment to date has included diagnostics and surgical intervention. An operative summary (4/06/2015) was submitted. Describing surgical intervention to the right long finger. Current complaints and/or findings were not noted. The treatment plan included post-operative occupational therapy (2x6) for the right long trigger finger. A rationale for the requested treatment was not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative occupational therapy for the right long trigger finger (2X6) 12 sessions:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses post-operative physical therapy (PT) physical medicine. The Postsurgical Treatment Guidelines indicates that

for trigger finger surgery, 9 visits of postsurgical physical therapy are recommended. The operative summary dated 04/06/2015 documented the performance of right long finger flexor tenosynovectomy. Post-operative occupational therapy for right long finger (2x6) 12 sessions were requested. MTUS Postsurgical Treatment Guidelines indicates that for trigger finger surgery, 9 visits of postsurgical physical therapy are recommended. The request for 12 visits of occupational therapy exceeds MTUS guidelines, and is not supported by MTUS guidelines. Therefore, the request for 12 visits of post-operative occupational therapy is not medically necessary.