

<b>Case Number:</b>	CM15-0087887		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	03/07/2014
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Oregon  
 Certification(s)/Specialty: Plastic Surgery, Hand 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 66 year old male, who sustained an industrial injury on 3/7/2014. He reported injuries to his fingers. Diagnoses have included left long trigger finger locking, pain and stiffness. Treatment to date has included physical therapy, acupuncture, cortisone injections and medication. According to the progress report dated 3/16/2015, the injured worker complained of pain at the A1 pulley of his left long trigger finger. He was noted to have had two injections with recurrence each time. He was still having locking of the finger. The treatment plan was for surgical release of the A1 pulley. Authorization was requested for 24 post-operative physical therapy sessions for the left long finger.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Postoperative Physical Therapy, 24 sessions, for Left long finger: Upheld**

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

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

**Decision rationale:** Per MTUS: Trigger finger (ICD9 727.03): Postsurgical treatment: 9 visits over 8 weeks. Postsurgical physical medicine treatment period: 4 months. Trigger finger release is certified. MTUS allows for 9 visits following trigger release. The request for 24 visits significantly exceeds the MTUS guidelines. The records do not document any special circumstances to support deviation from the MTUS guidelines.