

Case Number:	CM13-0051010		
Date Assigned:	12/27/2013	Date of Injury:	10/04/2012
Decision Date:	05/07/2015	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/13/2013

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: Physical Medicine & Rehabilitation

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 37-year-old male, who sustained an industrial injury on 10/4/12 to bilateral upper extremities and bilateral wrists packing carrots. The diagnoses have included right hand and middle finger strain, trigger finger right hand long finger, bilateral wrist pain, carpal tunnel release right hand. Treatment to date has included medications, activity modifications, diagnostics, surgery, and finger bracing. Currently, as per the physician progress note dated 10/29/13, the injured worker had a trigger finger release on the right long finger, as well as carpal tunnel release. The injured worker reports wrist and finger pain 8/10 on pain scale. The current medications included Norco, Prilosec and Keflex. The clinical exam revealed wounds clean. There was 40-degree flexion, he was guarded in his long finger, and he lacks approximately 10 centimeters pulp to palm. The physician noted that the injured worker would be seen in 1 week for wound check. The physician requested physical therapy 3 times a week for 6 weeks, land only and hand therapy specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (18-sessions, 3 times a week for 6 weeks): Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-16 and 22.

Decision rationale: The injured worker is status post carpal tunnel release and right long trigger finger release surgeries. Request is being made for 18 physical therapy visits. For the diagnosis of carpal tunnel syndrome post surgical MTUS guidelines recommends 8 physical therapy visits over 5 weeks; and for the diagnosis of trigger finger release postsurgical MTUS guidelines recommends up to 9 visits of physical therapy over 8 weeks. The request for 18 physical therapy visits exceeds the cited MTUS guidelines and is therefore not medically necessary.