

<b>Case Number:</b>	CM14-0155022		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	04/30/2012
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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. The expert reviewer is Board Certified in Physical Medicine Rehab, has a subspecialty in Interventional spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 61 year-old male with a 4/30/2012 date of injury. Mechanism of onset was described as cumulative trauma. According to the 9/12/14 orthopedic report, the patient presents 6-months post right elbow/hand surgery with bilateral hand pain. He has been diagnosed with trigger finger and carpal tunnel syndrome. He underwent right endoscopic carpal tunnel release, right cubital tunnel release and right index finger trigger release on 3/19/14. He underwent endoscopic left carpal tunnel release and left index trigger finger release on 6/5/14. The patient developed triggering in the right and left 3rd finger. The orthopedist injected the right 3rd finger on 9/12/14 and requested hand therapy 2x3. On 9/17/14 Utilization Review denied the request stating that the patient already had 12 post-surgical PT sessions since the 3/19/14 procedures.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hand therapy to the right wrist/hand/fingers QTY: 6:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 18-22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The patient is a 61 year-old male with a cumulative trauma injury to both upper extremities on 4/30/12. He underwent right endoscopic carpal tunnel release, right cubital tunnel release and right index finger trigger release on 3/19/14 and had 12 postsurgical PT sessions. The orthopedist notes subsequent development of triggering in the right 3rd digit. The right 3rd digit was injected on 9/12/14 and the orthopedist requested Hand therapy to the right wrist/hand/fingers QTY: 6 The patient is outside the post-surgical physical medicine treatment timeframe for the 3/19/14 carpal tunnel and index-finger (2nd digit) surgery. The orthopedist appears to be requesting hand therapy for the 3rd finger triggering, which was not part of the prior surgery. The patient has not had therapy for the 3rd digit triggering. MTUS Chronic Pain Medical Treatment Guidelines, pages 98-99 for "Physical Medicine" states up to 8-10 sessions of therapy are appropriate for various myalgias and neuralgias. The request for hand therapy for the 3rd digit is in accordance with MTUS guidelines. The requested Hand therapy to the right wrist/hand/fingers QTY: 6, is medically necessary.