

<b>Case Number:</b>	CM14-0216344		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	09/07/2012
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	12/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2014

### 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. 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: Maryland, Virginia, North Carolina  
 Certification(s)/Specialty: Plastic 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 patient is a 56 year old female with a reported date of injury on 9/7/12 who on 11/20/14 requested 12 additional post-surgical occupational therapy visits following trigger release of the right thumb and long finger. She is noted to have undergone her releases on 9/25/14 and had been authorized for 12 physical therapy visits. Documentation from 10/6/14 notes that the patient is seen in follow-up. Her wounds are well-healed without infection. She has some slight stiffness without triggering. The patient was instructed on scar massage and range of motion exercises. Recommendation is made for formal occupational therapy to work on range of motion and modalities. Documentation from 11/14/14 notes that the patient's pain and mobility are improved with therapy. Her triggering has resolved. There is mild swelling and stiffness in the right hand. There is tenderness over the scars of the right thumb and long finger. There is no triggering. Recommendation is to continue occupational therapy. UR review dated 12/2/14 did not certify the additional physical therapy stating that regulations allow for 9 visits over 8 weeks and it is unknown how many physical therapy visits have already been attended. In addition, based on the most recent examination, there are minimal residual physical issues.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 additional post-surgical occupational therapy visits; 2 times weekly for 6 weeks for right thumb and long finger:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The patient is a 56 year old female who had undergone right trigger finger release of the thumb and long finger. She was noted to have undergone initial post-operative physical therapy, but the details with respect to the number of visits or specific progress is not clear. On the most recent examination from 11/14/14, the patient is only noted to have progressed with physical therapy and has some mild swelling, stiffness, sensitive scars and no evidence of triggering. From post-surgical treatment guidelines, page 22, the following is stated: Trigger finger (ICD9 727.03): Postsurgical treatment: 9 visits over 8 weeks\* Postsurgical physical medicine treatment period: 4 months. Based on these guidelines, the patient is still within the allowable treatment period. However, based on the 9 allowable visits over an 8 week period, it is unclear if the patient has exceeded these guidelines. It is unclear how many visits have been attended by the patient. In addition, there has not been a strong argument for continued therapy, as pointed out in the UR, as there is minimal residual physical deficits. A specific home exercise program has not been documented. Thus, continued physical therapy should not be considered medically necessary.