

Case Number:	CM15-0100437		
Date Assigned:	06/02/2015	Date of Injury:	10/02/2014
Decision Date:	06/30/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/26/2015

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: 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 50 year old male, who sustained an industrial injury on 10/2/14. He reported pain in the right hand/thumb due to repetitive motions. The injured worker was diagnosed as having trigger finger. Treatment to date has included occupational therapy, NSAIDs gel, a right thumb x-ray showing no fracture and a right trigger thumb release on 1/23/15. As of the PR2 dated 4/16/15, the injured worker reports tenderness over the incisional region. Objective findings include a 10 degree interphalangeal joint contracture of the thumb with opposition of the base of the 5th digit. The treating physician requested right hand therapy 2 x weekly for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand therapy, Right hand (2 x week x 6 weeks): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Post-Surgical Treatment Guidelines; Trigger finger (ICD9 727.03): Post-surgical treatment: 9 visits over 8 weeks.

Decision rationale: Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. Submitted reports show clear measurable evidence of progress with the OT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show evidence of functional benefit and decreased pain complaints. There is evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Post-surgical treatment guidelines for trigger release surgery allow for 9 visits over 2 months with post-surgical physical medicine treatment period of 4 months. It appears the patient has completed at least 12 post-op therapy sessions s/p 4 months trigger thumb release to support further therapy beyond the recommended surgical guidelines for procedure without demonstrated functional improvement or extenuating circumstances. The Hand therapy, Right hand (2 x week x 6 weeks) is medically necessary and appropriate.