

Case Number:	CM15-0011274		
Date Assigned:	01/28/2015	Date of Injury:	07/22/2013
Decision Date:	06/19/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/20/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 52 year old female who sustained an industrial injury on July 22, 2013. She has reported pain involving her right ankle, left hip, and right thumb and has been diagnosed with symptomatic stenosing tenosynovitis of the right first flexor tendon (trigger thumb). Treatment has included surgery, medications, stretching, heat, cold, activity modification, physical therapy, and home exercise. Physical examination noted the injured worker continued to exhibit abnormal and exaggerated pain behavior when her upper extremity injuries were examined. Range of motion was decreased with flexion of the right thumb. The treatment plan included additional post operative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post-op physical therapy, 3 times weekly for 4 weeks, right thumb, per 11/18/2014 exam (12 sessions): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist, and hand section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, additional postoperative physical therapy 3 times per week times four weeks to the right thumb date of exam November 18, 2014 is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are right thumb stenosing tenosynovitis; right upper extremity compression neuropathy; rule out carpal tunnel/cubital tunnel syndrome; left hip bursitis and impingement; chronic right ankle sprain/strain; annular tear L4 - L5; and facet osteoarthropathy L4 - L5 and L5 - S1 with bilateral L5 neural encroachment. The injured worker underwent right trigger thumb release on December 29, 2014. On November 18, 2014, the treatment plan indicates the treating provider is requesting physical therapy three times per week times four weeks (12 sessions). The guidelines recommend 9 visits over 8 weeks. The treating provider exceeded the recommended guidelines in his request for 12 sessions of postoperative physical therapy. Additionally, a six visit clinical trial is indicated prior to continuing with physical therapy. Consequently, absent guideline recommendations of nine physical therapy sessions over eight weeks, with a request in excess of the recommended guidelines (12 sessions) and a six visit clinical trial prior to continuing with physical therapy, additional postoperative physical therapy 3 times per week times four weeks to the right thumb date of exam November 18, 2014 is not medically necessary.