

Case Number:	CM15-0015270		
Date Assigned:	02/03/2015	Date of Injury:	01/06/2009
Decision Date:	03/20/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/27/2015

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:

This 67-year-old female sustained a work-related injury to her left middle finger on 1/6/2009. According to the progress notes dated 11/18/2014, the injured worker's (IW) diagnosis is stenosing tenosynovitis of the left middle finger. Previous treatment includes Ibuprofen, steroid injections and surgery. The treating provider requests additional post-op physical therapy three times weekly for four weeks. The Utilization Review on 1/15/2015 non-certified additional post-op physical therapy three times weekly for four weeks, citing ACOEM and CA MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative physical therapy 3 times a week for 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Post-Surgical Treatment Guidelines Synovitis and tenosynovitis (ICD9 727.0): Medical treatment.

Decision rationale: The patient has had post-op sessions authorized without fading of treatment to an independent self-directed home program. Submitted reports have not adequately demonstrated support for further treatment without any noted post-operative complications or extenuation circumstances outside guidelines recommendations. Submitted reports have not adequately demonstrated specific ADL limitations or functional improvement to support for further therapy beyond this post-surgical period. The Post operative physical therapy 3 times a week for 4 weeks is not medically necessary and appropriate.