

Case Number:	CM15-0114734		
Date Assigned:	06/23/2015	Date of Injury:	10/03/2011
Decision Date:	07/22/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/15/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 60 year old male sustained an industrial injury on 10/03/11. He subsequently reported right hand, finger pain. Diagnoses include stenosing tenosynovitis of the right long finger. Treatments to date include x-ray and MRI testing, finger surgery and prescription pain medications. The injured worker continues to experience right finger pain. Upon examination, there was reduced flexion at the metacarpophalangeal joint, flexion of the involved finger is limited. There is loss of grip strength in the right hand. There is measurable atrophy of the right upper arm and forearm as compared to the left. An area of tenderness and clicking is noted above the surgical scar in the mid-palm. A request for Postoperative occupational therapy sessions for the long finger, twice a week for six weeks was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postoperative occupational therapy sessions for the long finger, twice a week for six weeks:
 Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Trigger Finger Release.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation ODG-Hand chapter and pg 27.

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) 24 visits over 16 weeks. According to the ODG guidelines, 9 visits over 8 weeks are recommended for post-surgical therapy after trigger finger release. In this case there was no indication that additional therapy cannot be performed at home. The 12 sessions of physical therapy exceeds the guidelines amount and is not medically necessary.