

Case Number:	CM15-0115683		
Date Assigned:	06/23/2015	Date of Injury:	11/21/2014
Decision Date:	08/04/2015	UR Denial Date:	05/27/2015
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: 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:

This 52-year-old female sustained an industrial injury on 11/21/14. She subsequently reported bilateral finger pain. Diagnoses include bilateral long finger trigger finger. Treatments to date include x-ray testing, finger surgery, bracing, injections, and physical therapy and prescription pain medications. The injured worker continues to experience bilateral long finger pain. Upon examination, there was tenderness along the long fingers of both hands. The treating physician made a request for Post-operative physical therapy x 12 and EKG, CXR, CBC, CMP, PT/PTT, UA. Medication history includes Amlodipine, Gemfibrozil, Metformin, Atenolol, suggesting the patient has diabetes mellitus and hypertension.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy x 12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10 and 22.

Decision rationale: As the right trigger finger release was certified, postoperative physical therapy would be medically necessary based on the following guidelines: Trigger finger (ICD9 727.03): Postsurgical treatment: 9 visits over 8 weeks. Postsurgical physical medicine treatment period: 4 months. From page 10, "Initial course of therapy" means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in subdivision (d)(1) of this section. Therefore, based on these guidelines, 12 visits would exceed the initial course of therapy guidelines and should not be considered medically necessary. Up to 4-5, visits would be consistent with these guidelines.

EKG, CXR, CBC, CMP, PT/PTT, UA: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (Acute & Chronic), Preoperative electrocardiogram (ECG); Preoperative lab testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back pain, Preoperative testing, general.

Decision rationale: The patient is a 52-year-old female who was certified for right trigger finger release. She does have a history of Diabetes mellitus and hypertension that could complicate any surgery, especially if it is under general anesthesia. However, the request includes a multitude of laboratory studies, EKG and CXR that may be redundant as the patient had recently undergone a similar surgery. Therefore, a preoperative history and physical should be considered, which could then drive further testing. From ODG guidelines, preoperative testing should be as follows: An alternative to routine preoperative testing for the purposes of determining fitness for anesthesia and identifying patients at high risk of postoperative complications may be to conduct a history and physical examination, with selective testing based on the clinician's findings. Thus, an entire preoperative medical clearance with the requested laboratory studies, radiographic studies and EKG is not medically necessary, but a history and physical would be to drive further testing.