

Case Number:	CM15-0172411		
Date Assigned:	09/14/2015	Date of Injury:	11/06/2014
Decision Date:	10/13/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/01/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 38 year old female, who sustained an industrial injury on November 6, 2014. Medical records indicate that the injured worker is undergoing treatment for tenosynovitis of the left hand-wrist and left hand third and fourth trigger fingers. The injured worker was not working. Current documentation dated July 30, 2015 notes that the injured worker had left hand surgery 2 months prior and still reported left hand pain rated 8-9 out of 10 which did not change. The pain was both volar and dorsal. Examination of the left hand revealed full extension of the digits and full flexion both actively and passively with encouragement. There was no nodularity or evidence of triggering. Physical therapy documentation dated July 27, 2015 notes that the injured worker met 50% of her planned goals after 8 post-operative sessions. Treatment and evaluation to date has included medications, occupational therapy, left middle finger injection, 12 sessions of physical therapy, 8 post-operative physical therapy visits and a left middle finger and ring finger A1 pulley release on 5-20-2015. A current medication list was not found in the medical records. Current requested treatment includes additional post-operative physical therapy sessions for the left hand 2 times a week for 3 weeks. The Utilization Review documentation dated August 17, 2015 non-certified the request for additional post-operative physical therapy sessions for the left hand 2 times a week for 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post-operative physical therapy for the left hand 2 times a week for 3 weeks:
Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s):
Forearm, Wrist, & Hand.

Decision rationale: Additional post-operative physical therapy for the left hand 2 times a week for 3 weeks is not medically necessary per the MTUS Guidelines. Per 2/2/7/15 documentation it stated that the patient completed 12 sessions of PT and does home exercises. On 5/20/15 she underwent left middle and ring finger A1 pulley release surgery and underwent 8 post op physical therapy visits. The MTUS recommends up to 9 visits postoperatively for this surgery. The documentation does not indicate that the patient has extenuating factors that necessitate 6 more therapy visits. She should be well versed in a home exercise program. The request for additional post operative physical therapy is not medically necessary.