

Case Number:	CM15-0177522		
Date Assigned:	09/18/2015	Date of Injury:	10/03/2013
Decision Date:	10/28/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/09/2015

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: Orthopedic Surgery, Hand Surgery, Sports 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 40 year old female, who sustained an industrial injury on October 3, 2013. A review of the medical records indicates that the injured worker is undergoing treatment for right hand-wrist over use syndrome, aggravation of underlying right wrist tenosynovitis, status post open reduction internal fixation (ORIF) of the right ulnar with 2+ negative ulnar variance for the date of service December 20, 2012, flexor tenosynovitis with triggering of right middle digit, and status post right middle finger trigger release on July 2, 2015. On August 10, 2015, the injured worker reported severe pain in the right middle finger. The Primary Treating Physician's examination dated August 10, 2015, noted the injured worker rated his right middle finger pain at 5-6 out of 10 on the pain scale, with no triggering but still had some pain, numbness, and tingling in the middle finger and palm region. The injured worker was noted to have completed 6 out of 8 post-op sessions of physical therapy. The physical examination was noted to show the right middle finger with mild thickening of the surgical scar, but well healed, without crepitus or catching. The treatment plan was noted to include request for authorization to continue post-op physical therapy to the right middle finger to increase range of motion (ROM), decrease pain, and scar control with ultrasound. The injured worker was instructed to remain off work until September 8, 2015. The Initial physical therapy evaluation dated July 22, 2015, noted the injured worker underwent surgery on July 2, 2015, and had been referred to physical therapy for evaluation and treatment with the assessment of pain in the right wrist-hand area, decreased range of motion (ROM) of the right hand-wrist, decreased right upper extremity strength, and increased limitation with the right hand and wrist functions. The physical therapy

progress report dated August 14, 2015, noted the injured worker with 8 out of 10 pain in the right hand, still having difficulty with fine motor activities and difficulty with gripping. The injured worker was noted to have received 7 sessions of physical therapy of massage, myofascial release, therapeutic exercises, paraffin wax bath, and electrical stimulation. The assessment noted the injured worker limited with range of motion (ROM), strength, and endurance of the right hand leading to deficits in daily activities and work functions, and would benefit from continued physical therapy to address impairments and limitations. The request for authorization dated August 21, 2015, requested additional post-operative physical therapy, right middle finger (right hand, right finger), 2 times weekly for 4 weeks, 8 sessions. The Utilization Review (UR) dated August 28, 2015, non-certified the request for additional post-operative physical therapy, right middle finger (right hand, right finger), 2 times weekly for 4 weeks, 8 sessions.

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, Right Middle Finger (Right Hand, Right Finger), 2 times wkly for 4 wks, 8 sessions: 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: This is a request for 8 additional therapy sessions for an individual recovering from July 2, 2015 trigger finger release surgery who has performed 8 sessions to date. The California MTUS supports up to a maximum 9 visits over a period of 8 weeks following this surgery with an initial course of therapy being half that number and additional therapy up to the maximum being appropriate only if there is documented functional improvement as defined on page 1. Records provided do not document functional improvement; the patient remains completely off work. There is no documentation to support this request for 8 more therapy sessions which substantially exceeds guidelines. Therefore, the request is not medically necessary.