

Case Number:	CM15-0178741		
Date Assigned:	09/21/2015	Date of Injury:	05/16/2013
Decision Date:	11/17/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/11/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 53 year old female with a date of injury on -5-16-2013. The injured worker is undergoing treatment for carpal tunnel syndrome bilateral and post-op, right thumb trigger finger, and chronic tendinitis. A physician progress note dated 08-24-2015 documents the injured worker has not been seen since November of 2014. She states her thumb is weak and has cramping symptoms. It gives her difficulties with household tasks. On examination her thumb reveals full motion with no locking catching or triggering. There is slight tenderness over the A1 pulley of the thumb. She has full hand and wrist motion and normal hand sensibility and circulations. Provocative testing for carpal tunnel syndrome is negative bilaterally. Exercises were reviewed. She works full time. Treatment to date has included diagnostic studies, medications, 30 sessions of therapy, and is status post 2 surgical procedures and corresponding scarring around the tendon. Current medications include Ibuprofen, Lidopro topical ointment, and Omeprazole. An ergonomic work environment was recommended. On 09-03-2015 Utilization Review modified the request for Hand Therapy-right thumb trigger finger 2 x 6 to OT twice a week for 3 weeks for the right thumb trigger finger.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand Therapy (OT) 2x6 for The Bilateral Wrists Right Thumb Trigger Finger: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist and hand, Physical/Occupational therapy.

Decision rationale: Per MTUS CPMTG, physical medicine guidelines state: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD 729.2): 8-10 visits over 4 weeks." The ODG Preface specifies Physical Therapy Guidelines, "There are a number of overall physical therapy philosophies that may not be specifically mentioned within each guideline: (1) As time goes by, one should see an increase in the active regimen of care, a decrease in the passive regimen of care, and a fading of treatment frequency; (2) The exclusive use of "passive care" (e.g., palliative modalities) is not recommended; (3) Home programs should be initiated with the first therapy session and must include ongoing assessments of compliance as well as upgrades to the program; (4) Use of self-directed home therapy will facilitate the fading of treatment frequency, from several visits per week at the initiation of therapy to much less towards the end; (5) Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." Per the ODG guidelines: Trigger finger (ICD9 727.03): Post-surgical treatment: 9 visits over 8 weeks. Carpal tunnel syndrome (ICD9 354.0): Medical treatment: 1-3 visits over 3-5 weeks. Post-surgical treatment (endoscopic): 3-8 visits over 3-5 weeks. Post-surgical treatment (open): 3-8 visits over 3-5 weeks. Per the guidelines, patients should be formally assessed after a "six-visit clinical trial" to determine whether continuing with physical therapy is appropriate. The request for 12 visits is not appropriate. The request is not medically necessary.