

Case Number:	CM15-0179104		
Date Assigned:	09/28/2015	Date of Injury:	02/11/2013
Decision Date:	11/02/2015	UR Denial Date:	08/19/2015
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: 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:

The injured worker is a 58 year old female who sustained an industrial injury on 02-11-2013. According to an office visit dated 08-18-2015, the injured worker was status post right trigger thumb release and retinacular cyst excision surgery on 11-06-2013. She also had a left trigger finger, middle finger. She had been treating this conservatively with a splint but now the pain was severe and locking every morning in the left middle finger trigger finger. On 03-26-2015, the left middle trigger finger digit was injected which helped about "50% ". She had been using a finger glide cordless mouse pad since September 2014 with her right index and had right index pain and triggering. She disposed of that mouse. In the past she did well with hand therapy but the left middle finger triggering returned. The May 2015 left middle finger trigger finger injection resulted in improvement for a few weeks then the triggering returned very quickly. Pain was described as mild and controlled with medications. She was working full duty in pain. She still had swelling in the thumb but it was much improved. Past medical history included chronic obstructive pulmonary disease. Assessment included right trigger thumb much improved since surgery. The left middle finger trigger finger had failed two injections. The second injection gave only two weeks of relief. The triggering was profound and she could not grip with that hand due to the trigger finger. Recommendations included left middle finger trigger finger release and 12 post op hand therapy visits. Medications prescribed included Naprosyn and Omeprazole. An authorization request dated 08-17-2015 was submitted for review. The requested services included left middle trigger finger release, 12 visits post-operative hand therapy visits and preoperative labs and EKG. On 08-19-2015, Utilization Review modified the request for post-op hand therapy for left middle finger quantity 12 and pre-op labs quantity 1

and authorized the request for EKG and left middle trigger finger release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op hand therapy for left middle finger Qty. 12: 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: The patient is a 58 year old female who was certified for left long finger trigger release. Therefore, postoperative physical therapy should be considered medically necessary based on the following recommendations: From page 22, 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.

Pre-op labs qty: 1: 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), Preoperative 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 58 year old female who was certified for left long finger trigger release. She has a history of COPD and is treated by a pulmonologist From ODG guidelines and as general anesthesia is likely to be performed, 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, routine preoperative laboratory studies are not medically necessary, but a history and physical could be to drive further testing. In addition, the actual laboratory tests were not specified, only pre-op labs. Therefore, without further specification or justification for ordering, this should not be considered medically necessary.

