

Case Number:	CM15-0023954		
Date Assigned:	02/13/2015	Date of Injury:	06/23/2011
Decision Date:	04/01/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/09/2015

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: Minnesota, Florida
Certification(s)/Specialty: Orthopedic 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 41 year old male injured worker suffered and industrial injury on 6/23/2011. The diagnoses were left hand stenosing flexor tenosynovitis. The treatments were surgery to the left hand. The treating provider reported having persistent stiffness in the radial digits of the left hand with persistent intermittent numbness and weakness. The Utilization Review Determination on 1/20/2015 non-certified Post-operative physical therapy 3x4 for thleft hand, modified to 4 sessions, citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post op physical therapy 3x4 for the left hand: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: The injured worker underwent surgery on November 3, 2014 consisting of A1 pulley releases of the left thumb, index, and middle fingers. The documentation also

indicates a prior left carpal tunnel release although the date of that surgery is not provided. A postoperative note of 11/7/2014 indicates the incisions were clean, dry, and intact with no signs of infection. Range of motion is not documented. On November 13, 2014 a 2 month supply of Norco 10/325 mg #120 one tab twice a day was given. The documentation indicates moderate swelling. A home exercise program was suggested. On January 20, 2015 full range of motion of all digits was documented. He was complaining of stiffness and weakness. A prescription for Norco 7.5/325 mg #60 one tab twice a day when necessary and tramadol 50 mg #90 one tab 3 times a day when necessary was given. A request for authorization for physical therapy/hand therapy was also submitted. California MTUS postoperative treatment guidelines recommend 9 visits over 8 weeks for a trigger finger release. The postsurgical physical medicine treatment period is 4 months. The initial course of therapy is one half of these visits, and then with documentation of objective functional improvement, a subsequent course of therapy of the remaining half may be prescribed. The request as written was for 12 visits of postsurgical physical therapy for the trigger finger release. The injured worker had full range of motion of the fingers and there was no reason why he could not do strengthening exercises at home. The request as submitted exceeds the guidelines recommendation and as such the medical necessity of the request is not substantiated. The utilization review modification of the request was appropriate.