

Case Number:	CM15-0079156		
Date Assigned:	04/30/2015	Date of Injury:	04/20/2014
Decision Date:	05/29/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	04/24/2015

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: Physical Medicine & Rehabilitation

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 43 year old male, who sustained an industrial injury on 04/20/2014. He has reported subsequent locking and triggering at the bilateral fourth digits and was diagnosed with stenosing tenosynovitis of the left fourth digit. Treatment to date has included oral pain medication, splinting, application of ice, cortisone injections and surgery. In a progress note dated 03/03/2015, the injured worker was noted to be status post bilateral fourth digit A1 pulley excisions and to be doing well without complaints. Objective findings were noted to reveal well-healed incisions and full range of motion. A request for authorization of 12 sessions of physical therapy was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Post-op Therapy for Forearm, Wrist, & Hand, pages 18-19; Post-Surgical Treatment Guidelines, Trigger finger (ICD9 727.03): Flexor tendon repair or tenolysis Zone 2 and other: 30 visits over 6 months for postsurgical treatment period of 8 months. Synovitis and tenosynovitis (ICD9 727.0):

Medical treatment: 9 visits over 8 weeks. Post-surgical treatment: 14 visits over 12 weeks
Physical Therapy, pages 98-99.

Decision rationale: PT report of 3/27/15 noted the patient with improvement from therapy session #7. The patient has at least 7 post-op sessions without fading of treatment to an independent self-directed home program. Submitted reports have not adequately demonstrated support for further treatment without any noted post-operative complications or extenuation circumstances outside guidelines recommendations. Submitted reports have not adequately demonstrated specific ADL limitations or functional improvement to support for further therapy beyond this post-surgical period of 14 visits. The Physical therapy 12 sessions is not medically necessary and appropriate.