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| <b>Case Number:</b>   | CM15-0090053 |                              |            |
| <b>Date Assigned:</b> | 05/14/2015   | <b>Date of Injury:</b>       | 01/30/2015 |
| <b>Decision Date:</b> | 06/19/2015   | <b>UR Denial Date:</b>       | 04/29/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/11/2015 |

### 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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 56 year old female, who sustained an industrial injury on 1/30/15. She reported initial complaints of pain in hands, right elbow and right shoulder with middle finger locking. The injured worker was diagnosed as having left middle finger triggering; right thenar and hypothenar myositis; right wrist flexor tenosynovitis; minimal bilateral thumb carpometacarpal joint osteoarthritis; left middle finger volar retinacular cyst. Treatment to date has included acupuncture therapy; physical therapy; injections; medications. Currently, the PR-2 notes dated 4/23/15 indicated the injured worker complains of diffuse right upper extremity pain and left middle finger triggering. She returns for the left middle finger triggering as a status post cortisone injection provided by her primary physician one year ago with temporary benefit and now status post second cortisone injections of March 12, 2015 with minimal benefit. She has not responded to therapy including acupuncture. She describes the pain as constant, moderate 6-7/10 and dull and sharp in nature. The pain is localized to the left middle finger A1 pulley region; worse with direct pressure and improved with rest. It is associated with a cyst in the A1 pulley region. The injection site is healed but still significant tenderness to palpation at the A1 pulley with flexion and extension of the middle finger is still frank triggering. Sensation is intact at the tip of the finger and capillary refill is less than one second. There is no evidence of volar retinacular cyst at the left middle finger base just distal to the A1 pulley. She has been offered and accepted release of the left middle finger A1 pulley and excision of volar retinacular cyst. The provider has also requested post-operative physical therapy three times a week for four

weeks was modified by Utilization Review to allow 4 sessions only for the post-operative left hand physical therapy.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Post-operative physical therapy three times a week for four weeks:** Upheld

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

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

**Decision rationale:** Per MTUS guidelines the post-surgical period for trigger finger is 4 months with 9 physical therapy appointments recommended over 8 weeks. The current request of 12 visits over the next 4 weeks exceeds the guidelines recommendation. Although the injured worker remains in the post-surgical period, there has been no trial of physical therapy to ascertain efficacy prior to exceeding guideline recommendations. The request for post-operative physical therapy three times a week for four weeks is determined to not be medically necessary.