

<b>Case Number:</b>	CM15-0091446		
<b>Date Assigned:</b>	05/15/2015	<b>Date of Injury:</b>	04/30/2014
<b>Decision Date:</b>	06/23/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2015

### 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 61 year old female, who sustained an industrial injury on April 30, 2014. She reported bilateral hand injuries related to repetitive lifting at work. The injured worker was diagnosed as having right first digit trigger finger. She is status post bilateral carpal tunnel release in 2014. Diagnostic studies to date have included an MRI, x-rays, and electromyography. Treatment to date has included work modifications, physical therapy, a right thumb steroid injection, and anti-inflammatory medication. On April 20, 2015, the injured worker complains of continued locking, triggering, and pain of the right thumb. The physical exam revealed tenderness over the A1 pulley, a palpable nodule, and active locking and triggering. The treatment plan includes a right thumb A1 pulley excision. The requested treatment is 12 sessions of post-operative occupational therapy for the right hand.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 sessions of post-operative occupational therapy for the right hand: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Postsurgical treatment -Trigger finger (ICD9 727.03): Post-surgical treatment: 9 visits over 8 weeks.

**Decision rationale:** Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. Submitted reports had shown progress with the OT treatment already rendered including increased ROM and decreased pain complaints. There is evidence documenting the patient having benefited from the therapy rendered. The Post-surgical treatment guidelines for trigger release surgery allow for 9 visits over 2 months with postsurgical physical medicine treatment period of 4 months. It appears the patient has completed at least 6 postop therapy sessions with an additional 5 modified from current request for total of 11 visits, beyond the recommended surgical guidelines for procedure without demonstrated extenuating circumstances to support further therapy beyond guidelines criteria as the patient should have transitioned to an independent home exercise program from therapy rendered. The 12 sessions of post-operative occupational therapy for the right hand is not medically necessary and appropriate.