

<b>Case Number:</b>	CM13-0001877		
<b>Date Assigned:</b>	11/01/2013	<b>Date of Injury:</b>	04/03/2013
<b>Decision Date:</b>	01/16/2014	<b>UR Denial Date:</b>	07/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 63-year-old male who reported a work-related injury on 04/03/2013; mechanism of injury was not specifically stated. The patient subsequently is status post open reduction and internal fixation of his ring long finger fracture with repair of the flexor digitorum profundus to the long finger. The patient sustained a 2 cm laceration of the tip of the index finger down to the tendon, but not really cutting it and repair of the 2 cm laceration of the ring finger right around the PIP joint on the volar surface which also did not cut the tendon. The clinical note dated 07/03/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient has had some physical therapy; however, the provider felt that physical therapy was just about ending and unless the patient continued with physical therapy interventions, he would have "chronic trouble." The provider documents x-rays were not obtained in clinic due to the patient presenting with a soft tissue problem. The provider documents the patient has improved quite a bit status post physical therapy interventions. The provider documents on exam, the patient was able to flex all his fingers down to about 2 cm of touching his fingers to the palm of his hand which was noted as better than the last time which was about 3 cm. The long and index fingers are still the stiffest per the provider. The patient's pain was a little bit less to the little finger, but they are all quite stiff upon exam. The provider documents the patient has quite a bit of swelling to his hand and the swelling has diminished some since he was last seen in clinic. The patient can extend his fingers well and bring the finger down, but also has done remarkably well. The patient's sensation on the long finger to the radial side is completely gone where he had repair of the radial digital nerve. The provider documents the patient continues to have trouble with reflex sympathetic dystrophy; the provide

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eight (8) physical therapy sessions between 6/18/2013 and 9/6/2013: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 20.

**Decision rationale:** The current request is not supported. The clinical notes fail to evidence how many sessions of physical therapy postoperatively to a right hand open reduction and internal fixation long finger fracture and postsurgical flexor tendon repair the patient had completed. The provider documents on the most recent clinical notes submitted for review that the patient requires continued intensive hand therapy to the right hand to minimize development of reflex sympathetic dystrophy. The clinical notes failed to evidence specific number of sessions the patient has utilized of supervised therapeutic interventions, as well as rationale for why the patient is not utilizing an intensive independent home exercise program for continued increase in range of motion about the right hand. Postsurgical treatment guidelines indicate 16 sessions over 10 weeks postoperative to repair of a fracture of 1 or more phalanges and 12 sessions over 4 months for physical therapy interventions of a flexor tendon repair. In addition, the clinical notes failed to evidence subjective/objective findings of the provider's documentation of the patient presenting with reflex sympathetic dystrophy syndrome. Given all of the above, the request for eight (8) physical therapy sessions between 06/18/2013 and 09/06/2013 is not medically necessary or appropriate.