

Case Number:	CM13-0018516		
Date Assigned:	10/11/2013	Date of Injury:	10/22/2012
Decision Date:	01/30/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	08/29/2013

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 Orthopedic Surgery, has a subspecialty in Hand Surgery and is licensed to practice in California. 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 33-year-old female who reported an injury on 10/22/2012 due to repetitive trauma. The patient reportedly sustained injury to the left middle finger, left thumb, and left shoulder. The patient was conservatively treated with finger splinting, physical therapy, medications, and injections. The patient's most recent clinical examination findings included a flexion contracture of the left long finger, decreased grip strength of the left hand, and crepitus to manipulation of the carpometacarpal joint. The patient's diagnoses included claw deformity of the left long finger, ulnar neuropathy, and a painful left thumb carpometacarpal joint. The patient's treatment plan included construction of a boutonniere deformity of the left long finger with reposition of the lateral bands, postoperative hand therapy and post-operative splinting.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand therapy two times per week for ten weeks quantity 20.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The clinical documentation submitted for review does provide evidence that the patient is a surgical candidate who would benefit from postoperative management to include physical therapy. California Medical Treatment Utilization Schedule recommends up to eighteen

visits of postoperative physical therapy for this type of injury. However, California Medical Treatment Utilization Schedule also recommends an initial course of therapy half the number of recommended visits to establish efficacy of treatment. The requested twenty postsurgical physical therapy visits exceeds this nine visit recommendation. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested hand therapy two times per week for ten weeks quantity twenty is not medically necessary or appropriate.