

Case Number:	CM13-0024765		
Date Assigned:	01/15/2014	Date of Injury:	02/09/2013
Decision Date:	05/29/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	09/16/2013

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. The expert reviewer is Board Certified in Occupational Medicine 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 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/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 injured worker is a female with date of injury 2/9/2013. Per primary treating physician's initial report and request for authorization, the injured worker is a right hand dominant female who suffered a traumatic injury to her right index finger resulting in fracture and laceration. Currently, she is experiencing constant pain in the right hand and index finger. The pain is associated with numbness and tingling as well as swelling of the hand and finger. The pain increases with repetitive flexion, grasping, gripping, pushing, pulling, and when opening jars and bottles. She complains of loss of grip strength and loss of sensation. The pain and symptoms awaken her at night. She rates the pain s 5-8/10. On examination, her right hand has scars, deformity and swelling. Motor strength of right finger flexion and abduction is 4/5. There is tenderness at range of motion of right wrist or fingers, tenderness at finger interphalangeal joints, and tenderness at metacarpophalangeal joint. There is positive Tinel's sign and Phalen's test on right. Right index finger range of motion is reduced. The diagnoses include 1) status post open reduction internal fixation right index finger proximal phalanx fracture x2 with stiffness 2) rule out right carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWO TIMES A WEEK FOR FOUR WEEKS (2XWK X 4WKS), FOR RIGHT INDEX FINGER,: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Postsurgical Treatment Guidelines.

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

Decision rationale: The injured worker has received a total of 24 physical therapy sessions to date. The primary treating physician is requesting an additional 8 weeks of therapy as the injured worker is still working on improvement of range of motion and strength functions. The injured worker is status post open reduction internal fixation right index finger proximal phalanx fracture. She initially had surgery on 2/14/2013 and postoperatively received physical therapy without benefit. X-rays were repeated due to persistent pain and swelling, and on 6/3/2013 she had repeat surgery. She received 8 sessions of physical therapy following the surgery. Per the Post-Surgical Treatment Guidelines, the post-surgical period for fracture of one or more phalanges of hand (fingers) is 4 months, and there should be 16 visits over 10 weeks for complicated cases such as this. Although there have been a total of 24 physical therapy sessions, the injured worker has only received 8 sessions since this most recent surgery. At the time of this request, the injured worker was still within the post-surgical treatment period. If additional therapy is needed beyond this request guidance would be from the MTUS guidelines since she will be outside the post-surgical period. The request for physical therapy 2 per week for 4 weeks for right index finger is determined to be medically necessary.