

Case Number:	CM13-0031214		
Date Assigned:	12/04/2013	Date of Injury:	04/10/2012
Decision Date:	02/11/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	10/02/2013

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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:

Patient is a 24 year old male shop helper with a date of injury 4/10/12 when a metal sheet dropped onto his right index finger causing a nail avulsion. He was seen by plastic surgery in the ER and treated by them for a right index finger tuft fracture, nail bed laceration and distal right index finger soft tissue loss/partial amputation. He underwent repair of his hyponychial and nail bed laceration. 4/23/13 Plan: Date of exam 04/23/2013--The patient is going to a physical therapy facility in Upland for 3 of 6 visits with some improvement in sensitivity and range of motion, continue with therapy, continue with home exercise program. The patient shows good improvement with the therapy and I feel that he will benefit from more therapy with a focus on decreasing hypersensitivity and improving function. I believe extending his therapy might help the patient get back to his pre-injury status. Hence, I would like to extend the therapy for another 8 visits. I will ask my clinical representative to get the authorization now even though he still has 3 visits left due to it previously taking a long time to get approval for physical therapy. On 5/23/12, he was seen for 1st evaluation in Occupational Medicine. Pain level was rated 5/10. He was using Motrin 600 mg TID and no longer requiring use of Norco. He stated his RIF ROM was slowly improving with HEP. He was also doing daily wound cleansing and using antibiotic ointment. He was keeping the RIF tip covered with band-aids and remained off work through 6/17/12, per [REDACTED]. On 6/6/12, he reported minimal pain well-controlled on Motrin 600 mg prn. He had not been working on ROM as directed. He was continuing with the antibiotic ointment and regular dressing changes. He had no signs or symptoms of infection. He had skin changes c/w irritant dermatitis/maceration from not keeping the wound dry enough.

PREVIOUS IMAGING/STUDIES: 4/10/12: X-RAYS RIGHT INDEX FINGER:

FINDINGS/IMPRESSION: There is a comminuted frac

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Medicine Physical Therapy Finger index right hand 2 x 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99, Postsurgical Treatment Guidelines Page(s): 19. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm/Wrist/Hand.

Decision rationale: Physical Medicine Physical Therapy Finger index right hand 2 x 6 is not medically necessary per MTUS and ODG guidelines. There are no notes submitted from patient's therapy sessions. It appears that patient has had therapy prescribed from 2 providers. It is unclear how many PT sessions exactly the patient has had. Per prior UR patient has had at least 30 session of PT for his index finger authorized. This exceeds guideline recommendations for his condition. Additionally, therapy is not medically necessary. Patient should be well versed in a home exercise program.