

Case Number:	CM13-0032257		
Date Assigned:	12/18/2013	Date of Injury:	10/12/2011
Decision Date:	08/13/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	10/07/2013

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 Orthopedic Surgery & Hand Surgery and is licensed to practice in Texas. 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 55-year-old female who reported an injury on 10/12/2011. The diagnosis included; status post left ring finger DIP joint arthrodesis for residuals for mallet finger and residual loss of motion of the left 5th finger DIP joint due to tethered juncture. The mechanism of injury was a metal tray fell on the injured worker's left hand and caused a mallet finger deformity. Prior treatments include surgical intervention and occupational therapy. Postoperative care included 20 sessions of physical therapy. The documentation of 08/01/2013 revealed the injured worker had been in physical therapy/occupational therapy with modest improvement in the range of motion in the little finger and improvement in strength. The physical examination revealed the DIP of the ring finger remained unchanged in its fusion. The little finger DIP joint showed a slight increase in range of motion of 0 to 60 degrees and the tip touched the distal palmar flexion crease. The DIP joint extended fully and the motion was pain-free. The treatment plan included 6 more sessions of physical therapy and occupational therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 ADDITIONAL PHYSICAL THERAPY/OCCUPATIONAL THERAPY VISITS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 21.

Decision rationale: The MTUS Postsurgical Treatment Guidelines recommend 18 visits for collateral ligament reconstruction. The clinical documentation submitted for review indicated the injured worker underwent 20 sessions of occupational therapy and had remaining deficits. However, the specific objective functional deficits were not mentioned. The request as submitted failed to indicate the body part to be treated with additional physical therapy/occupational therapy. Given the above the request for 6 additional physical therapy/occupational therapy is not medically necessary.