

Case Number:	CM13-0038469		
Date Assigned:	12/18/2013	Date of Injury:	02/09/2011
Decision Date:	02/28/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/25/2013

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 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 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 48-year-old male who reported injury on 2/9/11, the mechanism of injury was not provided. The patient was noted to have a right 5th finger extensor tendon repair on 1/3/13, and was noted to have undergone 26 postoperative physical therapy visits. The patient was noted to have continued difficulty with pain, swelling, and weakness. The patient's 5th finger had extension of 0 degrees and flexion of 40 degrees at the metacarpophalangeal (MP) joint and pain was reproduced with motion. The patient was noted to have tenderness and swelling. The patient's diagnosis was noted to be extensor tendon laceration, right 5th finger and status post-surgical repair with weakness and inflammation. The request was made for physical therapy 3 times a week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued physical therapy for the right hand 3 x 4: Upheld

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

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

Decision rationale: MTUS guidelines recommend 18 postsurgical treatment visits of physical therapy for extensor tendon repair or tenolysis. In this patient's case, the medical records

submitted for review indicate that the patient has participated in 26 physical therapy visits, thus the additional 12 is more than recommended by guidelines. The medical records submitted for review also indicate that the patient had made gains in grip strength. The patient was also noted to be able to complete most light activity without difficulty and dressing without difficulty. The patient's lifting activity was noted to be limited overall due to the weakness of the right hand, and grip strength when compared to the left. The records noted that opening jars was getting easier as the patient's grip strength had been improving, although with tighter closed jars the patient had increased difficulty. The patient's driving was noted to be gradually improving, and the patient was noted to be sleeping better overall with decreased pain. In sum, the medical records submitted fail to evidence functional deficits to support ongoing therapy. Given the above, the request for continued physical therapy for the right hand 3 times a week for 4 weeks is not medically necessary. The request for continued physical therapy for the right hand 3 x 4 is not medically necessary and appropriate.