

Case Number:	CM13-0039886		
Date Assigned:	12/20/2013	Date of Injury:	07/01/2013
Decision Date:	08/12/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/28/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 42-year-old female with a reported date of injury on 07/01/2013. The injury reportedly occurred when the injured worker lacerated her right hand and ring finger, and injured primarily the right hand fourth and fifth digits when it was pinned on the airplane door. Her diagnoses were noted to include right fourth metacarpal partial amputation, hypertension, and hypercholesterolemia. Her previous treatments were noted to include physical therapy, surgery, and medications. Her previous treatments were noted to include physical therapy, surgery, and medications. Physical examination performed 08/29/2013 revealed the injured worker complained of intermittent pain in her right ring finger, described as a dull, throbbing pain. She had difficulty making a full fist, and has weakness in her right forearm. The injured worker complained of tingling and numbness in the tip of her right ring finger, and to alleviate her pain, she took pain medication. The physical examination to the wrist/hand revealed a well-healed scar over the right ulnar distal fourth finger. The range of motion to the bilateral hands and fingers was within normal limits, except flexion to the PIP joint was rated 74 degrees and the DIP joint was rated 20 degrees to the fourth digit. There was moderate tenderness noted over the right volar fourth distal finger. The motor examination to the right wrist was noted to be decreased. The provider revealed upon examination, the injured worker had moderate tenderness to palpation over the tip of the right fourth phalanx, restricted range of motion to the interphalangeal joint, and mild atrophy of the right forearm and weakness with grip and grasping. The injured worker has had a previous 6 sessions of physiotherapy. The physical therapy initial evaluation dated 09/25/2013 revealed the injured worker presented with residual weakness, decreased active range of motion, and pain to the right fourth digit laceration and hand injury. The physical therapist noted pain limited functional activities, decreased range of motion preventing full functional activity, decreased strength limiting functional activities, and

decreased participation in recreational activities. The Request for Authorization form dated 09/20/2013 was for physical therapy due to the decreased range of motion to the right hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

URGENT PHYSICAL THERAPY THREE TIMES SIX FOR THE RIGHT HAND:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99..

Decision rationale: The request for urgent physical therapy 3x6 for the right hand is non-certified. The injured worker has had previous physical therapy. The California Chronic Pain Medical Treatment Guidelines recommend active therapy based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapies require an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual, and/or tactile instructions. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercises can include exercise with or without mechanical assistance or resistance, and functional activities with assistive devices. Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion and complex regional pain syndrome. The physical medicine guidelines for the myalgia and myositis is 9 to 10 visits over 8 weeks. The injured worker just had a previous number of at least 6 sessions of physical therapy. There is a lack of documentation regarding current measurable objective functional deficits with range of motion and motor strength, as well as quantifiable objective functional improvements and number of physical therapy sessions completed. The most recent note from physical therapy was an initial evaluation on 09/25/2013, and there is a lack of documentation regarding treatment after the evaluation. Therefore, due to the lack of documentation regarding current measurable objective functional deficits, quantifiable objective functional improvements, and number of previous sessions, the physical therapy request is not warranted at this time. Additionally, the request for 3x6 sessions of physical therapy exceeds guideline recommendations. Therefore, the request is non-certified.