

<b>Case Number:</b>	CM13-0040914		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	05/26/2012
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	10/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 and Rehabilitation and Pain Management 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 38 year old male whose date of injury is 05/26/2012. The injured worker was attempting to clean a machine and the machine was turned on. The injured worker sustained a crush injury of the right upper extremity. The injured worker underwent partial amputation of the finger with an adjacent laceration on this date. Treatment to date includes physical therapy (at least 36 sessions) and acupuncture (at least 6 sessions). Diagnoses are crush injury with compartment syndrome of the forearm status post release of the compartment, right index finger amputation, and significant depression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **CONTINUED TWELVE (12) PHYSICAL THERAPY SESSIONS 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 ODG-TWC, Forearm, Wrist, and Hand Procedure Summary, updated 5/8/13, Physical Therapy Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 19.

**Decision rationale:** Based on the clinical information provided, the request for continued 12 physical therapy sessions for the right hand is not recommended as medically necessary. The injured worker underwent partial amputation of the finger with an adjacent laceration on this date and has completed at least 36 physical therapy visits to date. California Medical Treatment Utilization Schedule Guidelines would support up to 14 visits post-amputation and up to 36 visits post-replantation, and there is no clear rationale provided to support exceeding this recommendation. There are no exceptional factors of delayed recovery documented. The injured worker has completed sufficient formal therapy and should be capable of continuing to improve strength and range of motion with an independent, self-directed home exercise program. The request for Continued Twelve (12) Physical Therapy Sessions for the Right Hand is not medically necessary.