MAXIMUS Federal Services

Case Number:	CM13-0057408		
Date Assigned:	04/16/2014	Date of Injury:	06/18/2013
Decision Date:	06/30/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/25/2013

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, has a subspecialty in Pain Management, and is licensed to practice in California. 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 patient is a 20 year old female who was injured on 6/18/13. She had a crush injury with a tip amputation of the left middle finger. The patient underwent debridement of a partial tip left long finger with revision amputation and local advancement flap closure of the defect, complex reconstruction of nail bed, and application of finger splint for the left long finger. A PR-2 dated 10/30/13 indicated that the patient had complaints of intermittent pain in the left long finger with radiating pain into her palm. She was working full duty, but she stated that she self-limited use of her hand. Objective findings on exam revealed the nail was intact. She had moderate tenderness over the distal phalanx. There was diminished sensation to the distal tip with hypersensitivity; motor testing was 5/5 with full range of motion. The patient was diagnosed with status post left long finger crush injury, left long finger nerve injury, and status post soft tissue coverage left long finger fracture.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHTEEN (18) POST-OPERATIVE PHYSICAL THERAPY VISITS FOR THE LEFT LONG FINGER: Upheld

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

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

Decision rationale: The California MTUS Postsurgical Treatment Guidelines recommend a total of 14 physical therapy visits over three months for finger amputations without replantation. It is documented that the patient had a total of 12 physical therapy visits prior to the additional 18 requested sessions. This would equate to a total of 30 postoperative therapy visits, and exceeds guideline recommendations. The guidelines do make an allowance; if it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, therapy may be continued up to the end of the postsurgical physical medicine period. On 10/2/13, examination reports nail intact with tenderness and decreased sensation of distal tip with hypersensitivity. Motor strength is 5/5 with full range of motion. On 10/30/13, the physician reports an improvement with subjective reports of intermittent pain only. Based on the guidelines and medical documentation provided, the request is not determined to be medically necessary.