

Case Number:	CM13-0058371		
Date Assigned:	01/15/2014	Date of Injury:	09/13/2013
Decision Date:	05/28/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	11/27/2013

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 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 an employee of [REDACTED] and has submitted a claim for left middle finger arthrofibrosis associated with an industrial injury sustained on 9/13/13. Treatment to date has included complex wound repair of left hand with debridement on 9/13/2013, left middle finger contracture release on 12/18/13, physical therapy, dynamic extension splint, and oral medications. Medical records from 2013 were reviewed. The progress report dated 12/9/13 states that patient was still unable to make a fist with his left hand. He had fairly significant contracture involving the proximal interphalangeal joint of the 3rd digit of his left hand. Physical examination showed that the incisional scars were healed. The patient had limited 20 degrees of terminal extension and flexion of proximal interphalangeal joint past 80 degrees of 3rd digit of the left hand. Grip strength measurement during the his fist initial physical therapy, dated 10/22/13, showed left hand grip of 20 lbs compared to 100 lbs of right hand. An x-ray of the left hand dated 9/13/13 showed no fracture or subluxation, with possible foreign body in soft tissues of proximal third digit. A repeat x-ray of the left hand dated 11/25/13 showed flexion contracture of the middle finger without any osseous pathology.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY THREE TIMES A WEEK FOR FOUR WEEKS:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: As stated in the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended given that the frequency of treatment should be tapered and the patient should transition into a self-directed home program. In this case, the patient already had 12 treatment sessions to date and should be well-versed on independent exercises by now. A letter of petition from the physician, dated 11/26/13, stated that the patient needed to have additional physical therapy visits to regain his functional mobility. However, there was no documentation identifying the functional improvements that the patient has gained from previous therapy sessions. Moreover, the request does not specify the body part to be treated. Therefore, the request is not medically necessary and appropriate.