

Case Number:	CM14-0002622		
Date Assigned:	01/29/2014	Date of Injury:	05/28/2013
Decision Date:	06/19/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	01/07/2014

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 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 injured worker is a 45-year-old female who reported an injury on 05/28/2013. The injured worker reportedly suffered a saw injury to the right index, middle, and ring finger. The injured worker underwent right index finger, full thickness skin graft on 05/28/2013. The injured worker reported persistent pain with swelling of the digits. Physical examination revealed well healed incisions, no signs of infection, swelling of the right index, middle, and ring fingers. Diminished sensation over the distal aspects of all involved digits and decreased range of motion of the right index, middle, and ring fingers. The treatment recommendations at that time included additional hand therapy for active and passive range of motion exercises twice per week for the next 8 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL THERAPY VISITS X16 FOR RIGHT FINGERS/HAND: Upheld

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

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

Decision rationale: The California MTUS Guidelines state active therapy is 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. The treatment for unspecified myalgia and myositis includes 9 to 10 visits over 8 weeks. The treatment for unspecified neuralgia, neuritis, and radiculitis includes 8 to 10 visits over 4 weeks. In this case, the injured worker has completed a substantial amount of hand therapy to date. There is no documentation of a significant functional improvement that would warrant the need for additional treatment. The current request for 16 sessions of additional therapy exceeds guideline recommendations. Therefore, the current request is not medically appropriate. As such, the request is non-certified.