

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0006950 | | |
| Date Assigned: | 08/01/2014 | Date of Injury: | 09/10/2013 |
| Decision Date: | 08/29/2014 | UR Denial Date: | 12/30/2013 |
| Priority: | Standard | Application Received: | 01/17/2014 |

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 and 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 51-year-old male who reported an injury on 09/10/2013. The mechanism of injury was not provided. He had a diagnosis of hand trauma, partial amputation to index finger and middle finger. Past treatments have included medications and physical therapy and surgery. Diagnostic studies were not provided. Past surgical history include audiograph and axogen on 03/20/2014. On 07/02/2014 the injured worker was seen for stiffness of index finger. Upon exam with the left hand the index had flexion to 2.5 cm from palm actively and passively. The injured worker had noticed improvement in sensation. The injured worker had not returned to work and it was noted that it would be determined. Medications include hydrocodone acetaminophen 1 tablet every 6 hours as needed. The plan was to recommend extensor tenolysis and proximal interphalangeal joint capsulotomy to improve passive range of motion. The request is for physical therapy 2 times a week times 9 weeks for the left hand. There was hand written therapy notes that were difficult to decipher. The request for authorization and rationale were not provided within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, 2xWkx 9Wks, left hand: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 20.

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

Decision rationale: The request is for physical therapy 2 times a week times 9 weeks for the left hand is not medically necessary. The injured worker has a history of stiffness and pain in the left hand. The California Medical Treatment Utilization Schedule (MTUS) guidelines recognize active therapy requires 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 instruction(s). 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 exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The guidelines recommend 14 visits over 3 months for postsurgical treatment for amputation of finger without replantation. The physical medicine treatment period is 6 months. The 01/30/2014 physical therapy note revealed the patient had received 32 out of 32 sessions of physical therapy. An additional 18 visits would exceed the guidelines recommendations. As such, the request is not medically necessary.