

<b>Case Number:</b>	CM14-0007355		
<b>Date Assigned:</b>	02/10/2014	<b>Date of Injury:</b>	09/07/2013
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	01/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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 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 43 year old male who was injured on 09/07/2013 when his left hand was caught in a conveyor belt resulting in multiple lacerations and fracture of proximal phalanx of left thumb. Initial treatment was in the emergency room was incision and drainage, suturing of laceration, and splint applied to left thumb. The injured worker was authorized 8 therapy visits and began physical/occupational therapy on 10/07/13. Progress was noted, but the injured worker continued with deficits. An additional 8 physical/occupational therapy visits was authorized on 10/30/13. A subsequent request for 12 more physical/occupational therapy visits was denied on 01/21/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY x 12 SESSIONS FOR THE LEFT HAND:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand, Physical/ Occupational therapy.

**Decision rationale:** American College of Occupational and Environmental Medicine guidelines and Official Disability Guidelines support up to 9 visits over 8 weeks of Physical/ Occupational therapy for crushing injury of hand/finger, with 8 visits over 5 weeks for fracture of one or more phalanges of the hand. The injured worker has had 16 Physical/ Occupational therapy visits for this injury. The request for additional therapy sessions exceeds guidelines and there is no evidence of exceptional factors that would warrant treatment in excess of guidelines either in duration or number of visits. It appears that the injured worker has had sufficient formal therapy and should be capable of continuing to improve with an independent home exercise program. Therefore the request is not medically necessary.