MAXIMUS Federal Services

Case Number:	CM14-0009764		
Date Assigned:	02/21/2014	Date of Injury:	08/13/2013
Decision Date:	06/25/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	01/23/2014

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 Orthopedic Surgeon 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 28-year-old female who sustained an injury to her right index finger on 08/13/13 when she was assisting a nurse with a patient that was getting out of control. She was helping calm the patient down when she placed her right hand on the patient's shoulder, the patient grabbed her hand and pulled it backwards. The injured worker experienced immediate pain and strain in her right index finger. She was taken to the emergency room and plain radiographs were obtained that revealed no fractures. She was prescribed Norco, placed on light duty and subsequently completed 10 physical therapy visits. She stated that physical therapy was beneficial, but she remained symptomatic with associated pain and weakness. The injured worker is currently self-treating with Ibuprofen, muscle relaxers and massage.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWO (2) TIMES SIX (6) FOR THE RIGHT INDEX FINGER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist and hand chapter, Physical/ Occupational therapy

Decision rationale: The request for physical therapy two times a week times six weeks for the right index finger is not medically necessary. There was no mention that a surgical intervention has been performed. Records indicate the patient has completed 10 physical therapy visits to this date with some benefit. The Official Disability Guidelines (ODG) recommend up to nine visits over eight weeks for the diagnosed injury with allowing for fading of treatment frequency, from three visits or more per week to one or less, plus active self-directed home physical therapy. There was no indication that the injured worker is actively participating in a home exercise program. Given the clinical documentation for review, medical necessity of the request for physical therapy two times a week times six weeks for the right index finger has not been established.