

Case Number:	CM14-0010577		
Date Assigned:	02/21/2014	Date of Injury:	08/21/2012
Decision Date:	06/25/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/27/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Orthopedic Surgery, 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 Physician 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 claimant is a 43-year-old gentleman who injured the right upper extremity in a work related accident on 08/21/12. The records provided for review document that the claimant had surgery on 10/02/13 for the right hand, third MCP extensor hood repair. Postoperatively, the claimant had 12 initial sessions of physical therapy. A follow up report on 12/16/13 at ten weeks post surgery noted that mild weakness of the hand was gradually improving. Examination documented mild swelling, a well healed scar and a slight extensor lag of the third and fourth MP joints. The recommendation was made for 12 additional sessions of physical therapy at that time.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT POSTOPERATIVE PHYSICAL THERAPY (2) TIMES A WEEK FOR SIX (6) WEEKS FOR THE RIGHT HAND: Overturned

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: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS Postsurgical Rehabilitative Guidelines, 12 additional sessions of therapy would be recommended as medically necessary. This individual underwent an extensor hood repair of the third MCP joint followed by 12 initial sessions of physical therapy since the time of surgery. Clinical records of 12/16/13 indicate continued weakness and extensor lags of the third and fourth digit. The additional 12 sessions of physical therapy would be beneficial based on the individual's physical examination findings in the context of physical therapy already provided.