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| Case Number: | CM14-0016441 | | |
| Date Assigned: | 04/11/2014 | Date of Injury: | 04/05/2010 |
| Decision Date: | 05/28/2014 | UR Denial Date: | 01/31/2014 |
| Priority: | Standard | Application Received: | 02/10/2014 |

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 55-year-old male who reported an injury on 04/05/2010 after he cut his right hand with an industrial paper cutter. The injured worker ultimately underwent flexor tendon reconstruction of the right middle, ring and small fingers of the right hand on 11/15/2013. The injured worker's postsurgical pain and chronic pain was managed with multiple medications and postoperative physical therapy. A progress note dated 01/20/2014 documented that the injured worker reported no overall functional improvement with the injured hand. It was documented that the injured worker was unable to use the right hand for any activity involving gripping or pinching. The patient was 16 weeks status post flexor tendon reconstruction and was compliant and motivated with a home exercise program. A request was made for 12 physical therapy sessions. No justification was provided to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 PHYSICAL THERAPY SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines recommends 6 to 8 months of physical medicine treatment following flexor tendon repair. However, continuation of

treatment should be based on documentation of significant functional gains. The clinical documentation submitted for review does indicate that the injured worker has participated in 16 weeks of occupational therapy without any functional benefit. Therefore, it is unclear how additional occupational therapy will assist this injured worker with functional restoration. Also, the request as it is submitted does not provide a body part. Therefore, the appropriateness of the request itself cannot be determined. The request for 12 physical therapy sessions is not medically necessary and appropriate.