

Case Number:	CM14-0019482		
Date Assigned:	04/21/2014	Date of Injury:	01/15/2013
Decision Date:	11/04/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/14/2014

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 Surgery, has a subspecialty in Hand Surgery 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 47-year-old male who reported an injury on 01/15/2013. The injured worker reportedly sustained a right finger injury while brushing debris off of a wooden plank. The current diagnoses include status post right hand foreign body excision, infection, and right ring finger tenosynovitis with triggering. The latest Physician's Progress Report submitted for this review is documented on 12/02/2013. Physical examination revealed limited range of motion of the right hand and right ring finger. Treatment recommendations at that time included continuation of a home exercise program and physical therapy 1 to 2 times per week for 6 weeks. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six Physical Therapy Sessions, For the Right Finger, Two Times a Week for Three Weeks:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The injured worker has completed a previous course of physical therapy. There is no documentation of a significant functional improvement that would warrant the need for ongoing treatment. The injured worker should be well versed in a home exercise program. Therefore, the request is not medically appropriate.