

Case Number:	CM14-0110319		
Date Assigned:	08/01/2014	Date of Injury:	11/04/2013
Decision Date:	12/26/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/15/2014

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 Plastic Surgery and Hand Surgery and is licensed to practice in Oregon. 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:

This patient is now six months following extensor tendon repair to the thumb and debridement of an open interphalangeal fracture with surgical fixation on 11/6/13. He can flex his thumb into his palm and has no extensor tendon lag. He continues to complain of weakness. His surgeon recommends 12 sessions of therapy focusing on strengthening and conditioning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand Therapy (Right Hand) Quantity 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Post surgical therapy, Forearm, Wrist and Hand.

Decision rationale: Per the MTUS Guidelines: Extensor tendon repair or tenolysis [DWC] Postsurgical treatment: 18 visits over 4 months *Postsurgical physical medicine treatment period: 6 months Fracture of one or more phalanges of hand (fingers) (ICD9 816): Postsurgical treatment: Complicated, 16 visits over 10 weeks *Postsurgical physical medicine treatment period: 4 months The patient is now more than six months from the original surgery performed in November 2013. He has full range of motion. He should be able to perform strengthening and

conditioning as part of a home exercise program. The MTUS guidelines are not met. The request is not medically necessary.