

<b>Case Number:</b>	CM14-0111236		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	02/14/2014
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	07/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2014

### 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 and Rehabilitation 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:

Medical records reflect the claimant is a 23 year old male who sustained a work related injury on 2-14-14. The claimant sustained a left thumb open fracture with EPL tendon laceration treated surgically with Open Reduction Internal Fixation (ORIF) and irrigation and debridement. On 6-20-14, it is noted the claimant has improved pain and mobility due to physical therapy. The claimant has been working light duties. On exam, the claimant had 0-60 flexion and extension of the left thumb. There was mild tenderness but no instability. Strength and grip was decreased. The claimant has had physical therapy x 24 sessions. There is a request for additional physical therapy x 12 sessions. On 8-4-14, the claimant has not been approved for physical therapy. He reports his pain and mobility are improving. The claimant continues with a home exercise program. The treating doctor felt the claimant would benefit from a trial of full duties.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational therapy sessions #12:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) hand chapter - physical therapy.

**Decision rationale:** Post-surgical treatment guidelines and ODG notes that post-surgical treatment for a complicated fracture of one or more phalanges is 16 sessions over 10 weeks. This claimant has been provided with 24 postop physical therapy sessions. There is an absence in documentation noting that this claimant cannot continue with his home exercise program. He was given a trial of full duties. There are no extenuating circumstances to support physical therapy that exceeds current treatment guidelines. Therefore, the request is not medically necessary and appropriate.