

Case Number:	CM14-0111709		
Date Assigned:	08/01/2014	Date of Injury:	02/20/2014
Decision Date:	11/04/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/17/2014

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 Internal Medicine, has a subspecialty in Pulmonary Disease 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 19-year-old male who reported an injury on 02/20/2014. The injury was reported as a laceration to the left long finger while using a chop saw. The diagnoses included left long finger laceration. The past treatments were not included. An x-ray revealed no sign of fracture. The progress note, dated 02/21/2014, noted the injured worker complained of pain to his long finger with some mild numbness. The physical exam revealed normal sensation, a U-shaped laceration over the dorsal, radial side of the left long finger, with full active extension against resistance, and active finger to palm and flexor pulley system. Modalities were listed as none. The treatment plan noted the laceration to be in a place where surgery should be avoidable. The extensor apparatus was noted to be intact for the most part, and neurovascular structures were intact. A followup visit for wound evaluation and suture removal was recommended. There were no more recent notes provided. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 4 weeks to left long finger: Upheld

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

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

Decision rationale: The request for physical therapy 2 times a week for 4 weeks to left long finger is not medically necessary. The injured worker had a laceration to the left long finger on 02/20/2014. The California MTUS Guidelines recommend physical therapy to restore flexibility strength, endurance, function, and range of motion. The guidelines recommend 9 to 10 sessions of physical therapy over 8 weeks and continuation of active therapy at home as an extension of the treatment process. There is a gap in the documentation provided from 02/21/2014 to the present. There is no documentation provided of the injured worker's current condition. There is a lack of documentation of functional deficits. Due to the lack of documentation of functional deficits and the lack of documentation of the injured worker's current condition, the use of physical therapy for the left long finger is not indicated at this time. Therefore, the request is not medically necessary.