

Case Number:	CM14-0124520		
Date Assigned:	08/08/2014	Date of Injury:	07/26/2010
Decision Date:	09/11/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/06/2014

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 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 50-year-old right hand dominant male. He sustained crush injuries to the left third, fourth, and right fifth proximal interphalangeal joints. He had surgical fixation with extensor tendon repair and reconstruction of the A2 pulley of the left finger. He has undergone post-operative hardware removal and three surgical procedures with contracture releases and subsequent skin grafting as well as extensor tendon augmentation. He continues to complain of weakness of grip strength and catching of the right fifth digit. Physical examination continues to demonstrate decreased finger range of motion and extensor lag. His current diagnosis is Proximal/Mid phalanx fracture. The utilization review report dated 7/28/14 denied the request for 12 hand physical therapy visits based on the rationale of the length of time that has passed since his surgery and the lack of quantification of his response to the initial physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand Therapy QTY 12.00: Upheld

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

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

Decision rationale: The injured worker continues to complain of weakness of his grip strength and catching of this right fifth digit. The current request is for 12 visits of hand therapy. Records from the treating physician do indicate that the injured worker has undergone at least three sessions of therapy with subjective improvement reported. However, there is no documentation on any objective strength gains or quantify any functional improvement. Because of the length of time that has passed since his last surgical procedure, the MTUS Post-surgical treatment guidelines do not apply. The MTUS chronic pain guidelines clearly indicate 9-10 treatment sessions over a period of eight (8) weeks for myalgia and myositis, unspecified. Therefore, the request is not medically necessary.