

Case Number:	CM14-0147449		
Date Assigned:	09/15/2014	Date of Injury:	08/03/2009
Decision Date:	11/03/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/10/2014

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 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 claimant is a 49 year old female who sustained an injury to the hands, specifically the right long finger, on 08/03/09. The medical records provided for review documented a diagnosis of proximal interphalangeal joint arthritis and that the claimant underwent a right long finger distal interphalangeal joint fusion. The follow up report dated 08/05/14 noted continued complaints of pain in the proximal interphalangeal joint of the right long finger with examination showing diminished motion from 10 to 30 degrees. Plain film radiographs identified degenerative arthritis. The recommendation was made for long finger proximal interphalangeal joint fusion. It was also documented that, due to the position of previous hardware from the distal interphalangeal fusion, the previous hardware would need to be removed to adequately position the hardware necessary for the current surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative Physical Therapy twice a week for six weeks for the Right Long Finger:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Post-Surgical Rehabilitation.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS Postsurgical Rehabilitation Guidelines, the request for twelve sessions of postoperative physical therapy would not be indicated. The proposed surgery is not recommended as medically necessary. Therefore, the request for postoperative physical therapy would also not be medically necessary.