

Case Number:	CM14-0174234		
Date Assigned:	10/24/2014	Date of Injury:	03/21/2014
Decision Date:	12/03/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/20/2014

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 Occupational Medicine 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 was injured on 03/21/14. 12 physical therapy sessions for the left hand from 09/08/14 through 11/15/14 are under review. He is status post-surgery on 03/21/14 which included right ring finger wound irrigation and debridement with nailbed repair and left index finger wound irrigation and debridement with proximal phalanx open reduction and pinning followed by hardware removal. He also underwent a left index finger extensor tendon repair. He has attended postop physical therapy. He was evaluated by an orthopedic surgeon on 09/08/14. He complained of pain in both hands. His pain was the same in the right hand at 5-6/10 and increased in the left hand from 5/10 to 6/10. He had tenderness to palpation of both hands. It was unchanged. There was restricted range of motion. A hand surgery consultation was pending. He was diagnosed with left middle and ring and right ring finger tenosynovitis. Physical therapy was recommended for 12 visits. On 09/12/14, he reported his pain was much better but he had been laid off. He complained of left hand pain and discomfort. Physical examination revealed tenderness in the surgical areas and 4/5 strength. The left index finger was still slightly stiff with PIP joint range of motion from 0-100. He had active flexor digitorum profundus and flexor digitorum superficialis tendons and full extension. His right ring finger was all healed. His finger motion was still improving and there was no need for manipulation. He was to continue therapy at home per the hand surgeon. In 2 months his motion was likely to be near full.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy sessions left hand between 9/8/2014 and 11/15/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) forearm, wrist and hand (acute and chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Treatment Page(s): 130.

Decision rationale: The history and documentation do not objectively support the request for an additional 12 visits of physical therapy for the left hand from 09/08/14 through 11/15/14. The claimant has attended postop physical therapy for his injury. The MTUS state physical medicine treatment may be indicated for some chronic conditions and "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." The physical therapy was recommended by an orthopedic surgeon on 09/08/14 but on 09/12/14, the hand surgeon recommended that he continue home exercises and stated that his range of motion was likely to improve over the next two months. There is no evidence that the hand surgeon recommended more therapy. There is also no evidence that the claimant was unable to continue and complete his rehab with an independent HEP and no indication that supervised exercises are likely to be more beneficial than independent exercises. The medical necessity of the additional 12 visits of physical therapy for the left hand has not been clearly demonstrated.