

Case Number:	CM14-0033454		
Date Assigned:	06/20/2014	Date of Injury:	09/17/2011
Decision Date:	08/13/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/17/2014

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 Orthopedic Surgery and Hand Surgery 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:

The injured worker is a 57-year-old female who reported an injury on 09/17/2011. The injured worker reportedly suffered a laceration to the right hand while cleaning a machine. The current diagnosis is crushing injury of the hand. The injured worker was evaluated on 05/18/2014. It is noted that the injured worker is status post extensor tenolysis and capsulotomy of the MCP joint and PIP joint in 11/2013. The injured worker reported a previous completion of approximately 16 physical therapy sessions. Physical examination revealed evidence of an injury/surgery in the dorsal ulnar aspect of the hand, decreased sensation, and loss of motion in the index, long, ring, and little finger. Treatment recommendations at that time included pain management and additional physical therapy. The latest physical therapy progress note was submitted on 04/16/2014. It is noted that the injured worker has completed 40 sessions of physical therapy, and has been instructed in a home exercise program. The injured worker reported 6/10 pain with activity limitation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 X 8 right hand: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 9.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand Chapter, Physical Therapy.

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Official Disability Guidelines state physical medicine treatment following a crush injury of the hand/finger includes 9 visits over 8 weeks. The injured worker has participated in a substantial amount of physical therapy to date. There is no documentation of a significant functional improvement that would warrant the need for additional treatment. Additionally, the current request exceeds guideline recommendations. As such, the request is not medically necessary.