

Case Number:	CM14-0033829		
Date Assigned:	06/20/2014	Date of Injury:	08/18/2013
Decision Date:	07/22/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/18/2014

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, has a subspecialty in Interventional Spine, 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 patient is a 26-year-old male with date of injury 8/18/13. The treating physician report dated 2/11/14 indicates that the patient presents with pain affecting the right hand at the index finger that is improving. The current diagnosis is a fracture of the right index finger. The utilization review report dated 3/3/14 denied the request for physical therapy two times three based on the rationale that the reports reviewed on 11/5/13 and 2/11/14 are identical word for word and no rationale was provided for continued physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY RIGHT INDEX FINGER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (Physical Therapy).

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

Decision rationale: The patient presents with chronic right index finger pain following a crush injury causing a chip fracture. The treating physician report dated 2/11/14 states, "At this time, I

am requesting authorization for a short course of physical therapy two times three (2x3). The patient returns today complaining of pain in the right hand at the index finger. His pain has decreased. He is improving. We are seeing improvement so far." The examination findings reveal, "three plus tenderness over the right index finger. In range of motion there is 40 degrees upon flexion of the metacarpophalangeal, 20 degrees at the proximal interphalangeal joint, and 20 degrees at the distal interphalangeal joint." The utilization review report dated 3/3/14 states that the patient has completed 6 prior therapy sessions. The MTUS guidelines allow 8-10 sessions of therapy for myalgia/myositis, neuritis/radiculitis type of symptoms that this patient suffers from. However, in this case the treating physician notes that the patient is improving and does not provide any rationale as to why additional physical therapy is required. Range of motion exercises of the right index finger do not typically require ongoing physical therapy once initial education is provided regarding home bound range of motion exercises. The MTUS supports 8-10 sessions of therapy and the patient has been afforded 6 sessions. An additional 6 sessions do not appear to be supported as the treating physician states the patient is currently improving. As such, the recommendation is for denial.