

Case Number:	CM14-0068449		
Date Assigned:	07/18/2014	Date of Injury:	11/26/2013
Decision Date:	09/09/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/13/2014

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 medical records reflect that the claimant had a work related injury on 11-26-13. He sustained a crush left index finger injury. He had proximal phalanx fracture and underwent Open Reduction-Internal Fixation (ORIF) on 12-13-13. The claimant has completed 18 post-operative physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy (OT) 2 x 6 Left index finger/hand: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Medical records reflect the claimant has residual stiffness to the left index finger s/p ORIF. The claimant has attended 18 post-operative physical therapy sessions. The claimant has been recommended for MUA and possible hardware removal. There is a request for additional physical therapy 2 x 6 to the left index finger. Based on the records provided, there is no indication for physical therapy that exceeds current treatment recommendations. The claimant has had 18 post-operative physical therapy visits and current treatment guidelines supports up to 16. This claimant should be able to transition to a home exercise program based on the physical therapy he has had. He has had physical therapy and reported no significant improvement.

Therefore, additional physical therapy at this juncture is not supported as reasonable or medically indicated, particularly with little improvement with the physical therapy he has had.