

<b>Case Number:</b>	CM14-0072349		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	01/02/2014
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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 Nevada. 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 records presented for review indicate that this 20-year-old gentleman was reportedly injured on January 2, 2014. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated January 20, 2014, indicates that the injured employee is following up for his right ring finger. Surgery is pending for the right ring finger. The physical examination demonstrated necrosis of the distal tuft of the right ring finger and no range of motion at the distal interphalangeal joint. The nail plate was stated to be intact. Diagnostic imaging studies reveal a fracture of the right ring finger. Previous treatment includes splinting. A request had been made for physical therapy two times a week for four weeks and was not certified in the pre-authorization process on April 9, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy two times a week for four weeks.:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Post Surgical Guidelines: Amputation of the thumb; Post-Amputation: amputation of fingers without replantation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 9792.24.3 Post Surgical Treatment Guidelines, California Code of Regulations, Title 8. Effective July 18, 2009.

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines postsurgical treatment for a fracture of one of the phalanges includes physical therapy for up to 16 visits. As this request is for physical therapy twice week for four weeks, this request is medically necessary.