MAXIMUS Federal Services

Case Number:	CM14-0073510		
Date Assigned:	07/16/2014	Date of Injury:	11/03/2011
Decision Date:	08/14/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/20/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 11/3/11. A utilization review determination dated 5/12/14 recommends non-certification of PT. 6/4/14 medical report identifies a history of surgery in 2011 for complex lacerations of the right index, middle, and little fingers and repair of the flexor digitorum profundus tendon of the right ring finger. He had around 18 PT visits following surgery, which was stopped as the patient had reached a plateau. He was then referred to the provider's office and 12 approved sessions were apparently completed. He reports 8/10 pain. On exam, there is tenderness and 3/5 strength. The provider notes that the patient reports an improvement in strength and that it has been difficult to maintain strength without continuing PT treatment. No objective reports of improved strength have been noted. The provider notes that the 4/16/14 PT note identifies improvement in flexibility. The patient does continue with home exercise, but it aggravates his pain and has not been effective. 7/2/14 OT progress note identifies improvement as follows: AROM IF & SF PIP flexion increased 7 degrees, MF DIP flexion increased 5 degrees, 2 pt. pinch increased 1.5 lbs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 8 visits, right hand: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Regarding the request for additional physical therapy, California MTUS cites that "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Within the documentation available for review, there is documentation of completion of extensive prior therapy sessions well exceeding the recommendations of the CA MTUS. The most recent therapy notes identify only very minimal improvement, with ROM improved a maximum of 7 degrees and pinch strength improved by only 1.5 pounds. The provider notes pain while performing home exercise, but without significant ongoing improvement despite extensive therapy, there is no clear indication for ongoing formal therapy rather than transition to independent home exercise combined with appropriate pain management. In light of the above issues, the currently requested additional physical therapy is not medically necessary.