

Case Number:	CM14-0079229		
Date Assigned:	07/18/2014	Date of Injury:	08/20/2013
Decision Date:	09/15/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	05/29/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 47 year old male who injured his right hand on 8/20/2013 involving a saw. He was diagnosed with a traumatic amputation of the right index finger. He was treated with surgical repair of the finger on the same day as the injury. Following the surgery, he was treated with physical therapy (26 sessions) and analgesic medications. Later, on 5/16/14, the worker underwent an extensive tenolysis on the index finder and ring finger and capsulotomies as well as a revision of the distal interphalangeal joint of the index finger. After the surgery, a request for hand therapy was made by the surgeon for 2 x 12 weeks. An initial review of the request modified it to 2 x 6 weeks. Then an application for this independent review requested hand therapy for 2 x 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

HAND THERAPY 2X6: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 19.

Decision rationale: The MTUS Post-Surgical Treatment Guidelines state that for amputation of fingers, such as in this case, the recommended number of physical therapy sessions is up to 36

visits over 12 weeks, with an overall physical medicine treatment period of 6 months. In the case of this worker, he completed 26 sessions of physical therapy prior to his second hand surgery. It is reasonable to complete additional physical therapy on his right hand and fingers following this second surgery at least for another 12 more sessions, and therefore the 12 sessions (2 x 6) of hand therapy is medically necessary and appropriate.